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CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Infantile Paralysis (Anterior Poliomyele—Encephalitis)

Address by DR. R. B. DEANE, Orthopædic Surgeon, Calgary, to the Calgary Association of Graduate Nurses.

This is an acute infectious disease due to a specific micro-organism, in which, although accompanied in most cases by paralysis, the paralysis is but incidental and not essential. While the liver, spleen and lymphatic glands show changes, the result of the inflammation, the germ shows its effects mainly in the production of inflammation, of the cerebro-spinal membranes, brain and spinal cord. The nerve cells of the spinal cord suffer most as a rule, but the posterior root ganglia are also involved.

What happens is, the germ is carried by the blood stream to the brain and cord; this, by exciting inflammation, causes hyperaemia, and

around the blood vessels quantities of small, round cells form. The tissues themselves react by cell proliferation, and, as a result of both processes, Oedema takes place. This causes compression of the spinal cord grey matter, which results in a number of nerve cells being so pressed upon that they are destroyed entirely, others injured so badly that their function is impaired, while others again recover perfectly. This destruction of tissue by pressure is followed by fibres of the gray matter to a greater or less extent, so that, depending on the amount of this fibrous tissue, the grey matter becomes shrunken and atrophic. In addition to the above pressure effects, it is possible that the germ excretes a toxin which may have a directly poisonous action on the nerve cells.

INFECTIVITY. While the virus may live for weeks or months in the nasal mucosa, it only survives a few days in the spinal tissue and disappears from the spinal fluid before the paralytic symptoms appear. No age is immune, but the disease is much more common in children. The germ enters the body by the nasal and intestinal mucosa.

SYMPTOMS. In the great majority of cases there is nothing distinctive about the onset, which begins following an incubation period of about a week, during which no symptoms are seen. Common signs are vomiting and convulsions; in others respiratory symptoms attract attention. Stiffness of the neck, sweating, nervous irritability and general hyperaesthesia are sometimes present before the onset of the paralysis, but in all cases there is fever, which reaches its height on the third day, and is accompanied, usually, by much pain and tenderness of the spine, and generally at this stage muscular paralysis is noted. The tenderness may vary from slight sensitiveness on pressure to a condition of exquisite tenderness to touch, jar or movement. The affected muscles and the spine are generally involved, although on occasion there may be wide radiation. Tenderness has been observed for as long as sixteen weeks, but the average duration is six weeks, but it can be prolonged almost indefinitely by massage, active movements given too early, osteopathy, chiropractic treatment, and other forms of manipulation, and its persistence over three months is most likely explained in this way. This exceedingly important symptom of tenderness exists in nearly all cases and is one of the chief guides to diagnosis and treatment. The blood shows a lymphocytosis and, most important, the spinal fluid increase of cells, so that in any suspected case a lumbar puncture should be done.

There are many types of the disease, e.g., the common spinal type, Landry's ascending paralysis, Bulbar paralysis, acute inflammation of the cerebral cortex, a meningeal form, etc., in fact the brunt of the disease may fall on different parts of the nervous system and so cause varying symptoms. One attack generally, though not invariably, confers immunity.

The course of the disease is arbitrarily divided into three stages:

(1) The acute stage lasts from the onset to the disappearance of the tenderness, about six weeks.

(2) The convalescent stage from the end of the acute stage and continuing so long as there is spontaneous improvement, i.e., about two years.

(3) A chronic stage when the affection has become stationary and deformities, if present, the result of muscular contractions, and the force of gravity, have become established.

It is important to remember that during the convalescent stage considerable recovery from paralysis usually takes place and sometimes no traces remain; for this reason we do not ordinarily operate until two years have elapsed from the commencement of the disease. In most cases, however, there is more or less wasting of certain muscles with permanent paralysis, as well as shortening of the limb, i.e., the bones themselves are also affected and fail to develop normally.

DISTRIBUTION. The lower limbs suffer in 70% of cases. The anterior tibial group of muscles are most commonly involved.

TYPE OF PARALYSIS. Upper and lower neurone. In the vast majority of cases the paralysis is the sort called flaccid, i.e., lower neurone. In this variety the part is limp, i.e., flaccid, and has a bluish, often mottled appearance, especially in cold weather. It is cold to the touch, both signs being due to vaso motor upset, and the muscles are wasted. In upper neurone paralysis, called spastic paralysis, the limb is stiff and rigid to the touch, and the skin does not lose its normal appearance. The part feels warm as in normal cases, and the muscles are not atrophied, while the reflexes are much increased.

PROGNOSIS. On this continent the mortality is about 8%, but European statistics run as high as 22%; from the age of 10 upwards the patient is more likely to die in the acute attack, and the death rate is higher, as it also is under one year of age. Death, when it occurs in the acute attack, generally comes from involvement of the muscles of respiration, or respiratory centre, and is commonest on the fourth or fifth day, but is unlikely after the seventh day. Cases with upper extremity paralysis are more likely to die of respiratory involvement than those who have the lower extremities affected. Regarding functional prognosis, in general, the more severe the attack the more severe the paralysis, but there are many exceptions. Spontaneous improvement begins at once in most cases, in practically all cases in a few weeks, but does not progress rapidly during the period of tenderness, and relatives should be warned accordingly. Improvement is most rapid for the first six months, but continues to be well marked for at least two years. Without any treatment, spontaneous improvement occurs in all cases at first, but gradually functional deterioration will occur from fatigue and muscle stretching, and then deformity will ensue. Untreated muscles, only partly paralysed in the beginning, will become totally paralysed in moderately severe cases, but with treatment there is no limit to the benefit to be obtained. Improvement, however, is most marked in the first six months, although marked improvement has been obtained in a case so long as 36 years after the onset.

To summarize, we may say that modern treatment has limited the residual paralysis by omitting meddlesome therapeutics; that we have learned that most deformities can be prevented (paralytic scoliosis is a notable exception); that the majority of muscles are weakened rather than paralysed; that improvement of muscle weakness is best accomplished by skilful muscle re-education and by preventing weakened muscles from being over-stretched and fatigued. We are no longer content to put on a brace and let the child get about as best it can. This, from a modern point of view, would be the crudest treatment.

TREATMENT. In the acute stage, and for at least six weeks afterwards, depending on the disappearance of tenderness, absolute rest in bed is indicated, not only for the sake of resting the affected muscles, but particularly to rest the spinal cord, so that the inflammatory products may be absorbed with the greatest facility. The necessary body fixation to insure this may be obtained by laying the child flat on a firm mattress, using restraining sheets lightly applied. It is important to keep the child warm and isolated from other children. A better method of securing fixation is by the Bradford frame, which any plumber can make in half-an-hour. The affected muscles must, in addition, be kept relaxed and their opponents prevented from overacting by a suitable splint. Very important is it to keep the paralysed parts wrapped in wool or flannel. The child should be fed and washed lying on its back, and every care taken to prevent the patient making a single voluntary movement with limbs, spine or head; for the reason that there is inflammation of the cerebro-spinal nervous system, and the less it is irritated by movement the more chance has it to recover. On no account should massage or electricity be used at this stage, as they will only cause irreparable harm. Rest is everything, which must be "enforced, uninterrupted and prolonged" (Thomas). The common deformities to avoid and be on the look out for are: (1) Contraction of the feet in plantar flexion; (2) flexion of the knees; (3) flexion of the hips; (4) adduction contraction of the shoulder; (5) lateral curvature of the spine. Neither drugs, counter irritation nor external applications are of any use, and massage and electricity at this stage work, as stated, the greatest harm. So, to sum up, the treatment of the acute stage consists in: (1) The avoidance of meddlesome therapeutics; (2) rest; and (3) the prevention of deformity. When the acute stage has been passed and six weeks have elapsed, the treatment to be followed depends on four broad principles:

(1) The continuous maintenance of the natural temperature of the affected part. These paralysed limbs, when unprotected, are cold, blue and wasted, often showing a tendency to chilblains, and the affected limb is often shorter than the other. Now, if the limb is kept warm, all these signs are reduced to a minimum; the way to induce warmth is by putting on sufficient clothing. This is best done by adding enough layers of woollen stockings, when the limb will remain warm continuously. While indoors or in bed, the numbers of layers can be reduced. When fitted

for a boot, the foot must be measured over all the stocking layers. In addition to stockings, fur-lined gaiters or mitts can be worn for outside wear in winter. Light massage for 15 minutes twice daily also tends to help the circulation of the affected part.

(2) Relaxation of the affected muscles. Here, as elsewhere, in paralysis in general, "Do for the patient what he himself cannot do," e.g., if the foot cannot be raised owing to foot-drop, do it for him, by putting it on a right-angled splint and keep it there continuously. When the paralysed foot is once put at a right angle, never let it for an instant drop to a lower position. The paralysed muscles are only stretched by doing so. The idea in putting the foot in this position is that, with the foot dropped, the heel tendon, which is normal, is contracting against the paralysed anterior tibial group of muscles, which are, in consequence, over-stretched, but if the foot be put at a right angle, it will enable these stretched muscles to contract. Many muscles which at first appear hopelessly paralysed when over-stretched will, after a few months, in a proper position, show contractile power, and therefore more or less recovery. A dropped wrist is put in a dorsi-flexed position. A paralysed shoulder is put in abduction. The test of muscle recovery is equally simple. When a paralysed wrist, say, is on a dorsi-flexion spint, if the patient is able, voluntarily, to still further dorsi-flex it, one knows at once that the extensors are recovering power. It is by a failure to appreciate these simple principles that the hideous deformities of infantile paralysis result. A much earlier sign is the ability of the patient to hoid the wrist extended upon temporary removal of the splint. Massage and electricity are utterly impotent to prevent or cure a paralysed foot-drop, say, unless it is kept on a splint, so that over-stretched muscles are relaxed, and, if this is done, nature herself, unaided, will turn out a very good job.

(3) Exercise of muscles as soon as they begin to show return of voluntary power. This implies muscle re-education, and is of a complicated nature and requires an expert or medical gymnast to inaugurate it; for all of the supposed measures to improve muscle function there is only one that stands chief and foremost, and that is the one which demands the exercise of the patient's own will. The patient must try, by his own volition, to contract the muscles, and, in doing this, great aid is obtained by gravity. The details I cannot go into, but such exercises are usually divided into concentric and eccentric. By a concentric movement is meant the ordinary movement of a muscle which does work by becoming shorter; on the other hand a muscle is said to perform an eccentric movement when it does work by becoming longer. Thus, if a patient be told to dorsi-flex his foot while you hold his toes, and resist the movement, he is performing a concentric exercise with his anterior tibial group of muscles. Whereas, if you passively dorsi-flex his foot and then try to plantar-flex it, while he resists, you are making him perform an eccentric exercise with the same muscles. The importance of the distinction lies in the fact that when function is returning to a paralysed muscle, power to act eccentric-

ally can be elicited long before there is any power to act concentrically. So, in a case of recovering wrist-drop, power to prevent the wrist dropping returns long before power to raise it. In muscle exercise for paralysis, we usually have to avail ourselves of the force of gravity in early stages. The same in testing a muscle; if a sitting patient with foot-drop be asked to dorsi-flex his foot, he cannot do so, but if that patient lies on his side full length on a table and tries, it is quite likely that some feeble contractions may occur, or, if he lie on his back with his leg raised high up, the same thing will occur. Similarly, with shoulder paralysis, contraction movements should be attempted with the patient lying supine, and, when he can move muscles in these positions, then one can gradually oppose gravity to them. In an electrical way, the only current worth mentioning is the Bristow current, and this is an auxiliary measure. It is a faradic current which, if the patient be relaxed, is painless, and the strength of current is regulated by pushing the core of secondary coil in and out about 60 or 70 times a minute, while the other hand, which also holds the electrode, also grasps the muscles, so that the contraction produced is felt by the hand and so regulated.

Massage is another useful auxiliary, which acts by increasing the blood and lymph flow; but its effects soon pass off, probably in 2 to 3 hours. These paralysed muscles are very easily fatigued, and it must not be forgotten that a partial paralysis can be changed to a total one by over-use; so a knowledge of this fact must ever guide us in prescribing muscle exercises.

(4) The Prevention of deformity by apparatus. To obtain the best results, a child suffering from lower extremity paralysis should not be allowed to bear weight on the affected member until one year has elapsed from the onset of the disease, unless complete recovery should have ensued. Apparatus, which includes splints, braces and corsets, are used for four purposes: (1) to enable patients who cannot walk to do so; (2) to enable patients who can walk to walk better; (3) to prevent malposition, and (4) to correct malposition. It is essential that apparatus should be mechanically sound, light and properly fitted, for nowhere is nicety of adjustment so important in its direct effect on gait as in this disease.

After two years of correct treatment along the lines I have indicated, we operate to enable the child to get along without any apparatus, although some kind of instrument is usually worn for a year following the operation, so as to strain the parts as little as possible. Operation consists of transferring good tendons to the site of the paralysed ones. Stiffening joints so as to increase stability, often combined with insertion of paralysed tendons running over the joint into a groove in the bone, so as to act as an additional support in the way of a ligament, and various other measures which I need not detail.

What I want to emphasize is that the common stock treatment for infantile paralysis, consisting of massage and electricity, is a waste of time and money, and, in the acute stages, very detrimental. That these

paralysis cases require constant and prolonged supervision, and should be seen by the surgeon, if possible, every three months for several years, as frequent alterations have to be made in building up boots and attention to any instrument that may be worn to counteract tendency to deformity, because, if not looked after, deformities will arise, and then the case becomes known as neglected, and presents malshaped bones, muscular contractions, callosities and ulcerating chilblains. So that from all this, I think you will agree with me, that the orthopaedic surgeon should first of all be an optimist, and, secondly, have a long life expectation if he is ever to see his work bear fruit.

Training School Records

RUTH HICKS, Reg. N.

In as much as it is a punishable offence to run a business without a proper system of accounts, so it should be to run a school of nursing without records. Every well-conducted public school in this Province sends home with each pupil a monthly report of that child's progress; why should not a nursing school also give its students an inkling now and then as to their progress and the opinion their teachers have of them.

Among the most outstanding reasons for keeping records, the following points might be touched, as present day methods demand it: 1. When graduate nurses seek to take post-graduate work, it is necessary for them to furnish credits from their Training School as to subjects taken, hours spent in lecture class and laboratory.

Occasionally it seems advisable to allow student nurses to leave one school and enter another;

Merely as a business-like, methodical way of keeping track of work and theory covered;

The nurse has the right to demand that it be kept.

2. The laxity in this regard in the past. Until the last few years very slack records, if any, were kept. It is no infrequent occurrence now that when a graduate nurse writes back to her Training School, years after graduation, for her record of credits, and after a long search in a musty vault, a book is unearthed bearing her dates, and after a further search one finds almost nothing of value. Presumably the nurse did cover certain work and attend certain lectures, but there is nothing to show it, or it is left in such a way that it is haphazard and hard to understand.

Granted the necessity for keeping of records: what records should be kept?

1. Personal or preliminary history of student;

All data relative to student previous to entrance to school, her morals, ethics, any special statements which may have been made during the personal application. Points of this nature are an aid to the Instructor of Nurses in her approach of the student.

This will include:—

(a) Full name, which should be carried through every record the same—not Mary Louise Jones on one card and M. L. Jones on another.

(b) Home address.

(c) Date of birth.

(d) Address of nearest relative.

(e) Religion.

(f) Previous education.

2. Record of physical examination before entrance of student, also record of complete physical examination at date of acceptance, with mention of any special handicaps and advice regarding same.

3. Exact number of days of practice in each branch of service offered. Where this experience was given, the type of nursing presented (convalescent or acute), and actual diseases and surgical conditions cared for and number of deliveries attended.

4. Complete record of Theory covered, giving clearly:

Name of subject or course,

Name of instructor,

Total hours spent, divided into class, lecture, laboratory work,

Year in which subject studied,

Result of examination in same.

5. Records of students as to deportment and behaviour in nurse residence, as to sociability, thoughtfulness of others, type of example, whether force for good, bad or neutral. The student's attitude toward work, efficiency in work, strong and weak points, etc.

6. Health record during training, including weight chart.

7. Any special mistake or trouble recorded fairly and accurately.

8. Final summing up at date of graduation as to student's aptness for any line of work and what she appears to be best fitted for. A general summary of the three years' work, signed by the Superintendent of the Training School. If student leaves school, reasons for doing so should be recorded.

As a hospital enlarges and changes, the system of records must be reviewed and made up to date. Records must be clear, necessitating the least amount of explanation, so that any new person coming into the Training School Office can take them up.

Let the records be plainly and neatly kept, as far as possible by one person who realizes the importance of keeping them. In the smaller hospitals of this Province this duty will fall upon the Superintendent, hence the need for records which give the needful definite information but are easy to keep. A too detailed system is as bad as an inadequate one.

The record, when completed, should be filed in a systematic way so as to be found easily when required. In a large or medium-sized school a card index should be kept. Keep two files for this purpose, one for those in the school; one for those graduated. One card will serve both purposes.

On first side:

Pupil .....
File Number .....
Name .....Class.....
Address .....
Date of Admission.....
Date of Acceptance .....
Date of Resignation.....
Date of Dismissal.....
Date of Graduation.....
Remarks: .....

On the reverse side of this have a graduate card and encourage graduates to report to their Training School so that a record may be kept of their later work.

In this way every student who has been in the school will have a record.

The card may be started at the time the application is completed. Start also a folder or envelope, into which put all material concerning the application. The permanent record form or forms can be kept in this receptical as soon as a student begins her career. A record of letters of enquiry and personal interviews should be kept. It is interesting to compare number of letters each year; lack of enquiries probably show that the school is going down. These letters may be sorted at end of the year. Keep those who came and completed application and destroy the rest. The student's personal letter is quite important in that it frequently shows plainly the student's point of view.

A daily time-book, such as is used in all business concerns, must be kept; in this any change from ward to ward, day to night duty, illness, etc., can be noted in red ink and easily transferred to permanent record at regular intervals.

The monthly record of each student should show total experience gained in each department, as well as conduct and general deportment. A good plan is to give each student a case record or experience sheet to keep and turn in each month.

In a small school where medical and surgical cases are, perhaps, in the same ward, this would help the Superintendent to decide whether the student's work that month had been 75% medical and 25% surgical or vice versa, thus estimating the days' service in each branch per month.

On the reverse side of this card the report of the nurse in charge of the ward as to the general character of the student's work and conduct. By allowing the student to see her report, faults that she may have been

blissfully unconscious of may be brought to her mind and an effort made to correct them.

Our duration of office is uncertain for many reasons, and it is our duty to leave records, giving unprejudiced facts that will be helpful to Superintendents who may come after.

The question of standardizing records has been considered. It would be a good plan if all records could be uniform, but, before the system could be introduced, nursing methods and courses would need to be standardized.

(Read at Annual Convention of the S. R. N. A., April, 1923.)

Healing Cults

(Continued from last month)

In the cults of to-day, advertising has become a fine art. Until recently, at the Palmer School for Chiropractics, there were 4,013½ hours given to scientific subjects as compared with 5,335 hours to salesmanship. The great majority of people are credulous. There is a quite common temper of mind which leads people to turn from science, with its honest, cautious, and often unsuccessful gropings after truth, and to accept, in preference, the professions of those whom their very ignorance makes loud and confident in statement. This is well illustrated by the following story:

A celebrated quack was visited by a former playfellow from his native village, who asked how he got on so well, adding, with the frankness of early friendship, "Thee knowst thee never had no more brains than a pumpkin!" The quack took him to a window and bade him count the passers-by. When a hundred had passed the quack asked his visitor, "How many wise men do you suppose there were among this hundred?" "Maybe one," was the reply. "Well, returned the quack, "all the rest are mine." To this enormous percentage of mankind quack advertisements make their appeal.

As showing how the people at large are more ready to pin their faith on a quack than on a properly trained man of science. we recall a story which appeared in the French papers a few years ago:

A quack at a fair was driving a roaring trade, selling nostrums, drawing teeth, and beguiling the crowd in the usual way. The letter of the French law against unqualified practice is very strong, though, owing to the indifference of the magistrates, it is not strictly carried out. This, however, was a particularly flagrant case, and the police felt compelled to interfere. The quack was therefore accosted by the guardians of the law, taken to a tent at the back of his stand, and requested to show his diploma. To the stupefaction of the gendarmes, he exhibited a perfectly authentic degree of Doctor of Medicine of the University of Paris. They were profuse in their apologies, which the doctor cut short with an urgent

entreaty that they should say nothing about what they had seen. "For," he said, "if the people know that I am a qualified doctor, I shall have no more customers!"

The movement from country to city life produces more neurotics. Emotional diseases are the fertile field. Then, too, there is the longing of many for positive doctrines. The attractiveness of the opportunity brings many quacks on the ground. An unqualified man can, without the smallest medical knowledge or any preliminary training, advertise himself as an "eminent physician," with self-conferred degrees. He can flood the newspapers, even the most important, with blatant testimonials of his assumed qualifications and skill; and can even, it may chance, obtain royal recognition. Many lay proprietors of various society papers are ever ready to bolster up his fraudulent pretensions as long as he can pay handsomely for his whole-page advertisement. He can publish in such newspapers and journals testimonials of cures guaranteed by persons with no knowledge of medicine or surgery; and such guarantees, it may be guessed, are not always gratuitous. The credulous section of the public (and how large it is!) accepts as gospel anything it may find in a newspaper, whether it be a question of politics or diet or drugs. The unqualified man is bound by no rules of etiquette, by no professional regulations; and can not only assume medical titles which he does not possess, but can, with impunity, attach to such the name of a non-existent university, such as M.D., U.S.A.

The more blatant the assertions which he makes in the advertisements, the more will the public flock to him; and he can sell colored water at a dollar an ounce if he only calls it pink or yellow electricity, or by some other catching title. He can proclaim to the world that he is in possession of infallible remedies which will cure all diseases; and he has only to repeat this assertion sufficiently often in newspapers and billboards to accumulate ill-gotten gains, to the full possession of which the State will leave him, subject only to the attentions of the income tax collector, which fall upon the just and the unjust alike.

Medical men do not hesitate to admit that quackery sometimes achieves success. It is necessary, however, to impress on the public mind that such success is due not so much to the remedy, the miraculous powers of which are vaunted, as to the healing action of Nature. This cannot be too strongly insisted upon. As Sir James Brodie said, in an address delivered at St. George's Hospital in 1838, "The living machine, unlike the works of human invention, has the power of repairing itself; it contains within itself its own engineer, who, for the most part, requires no more than some slight assistance at our hands."

Oliver Wendell Holmes puts the case even more strongly in his "Medical Essays," where he says: "Probably all are willing to allow that a large majority—for instance, ninety in a hundred—of such cases as a physician is called to in daily practice would recover, sooner or later, with more or less difficulty, provided nothing were done to interfere

seriously with the efforts of Nature. Suppose, then, a physician, who has a hundred patients, prescribes to each of them pills made of some entirely inert substance, as starch, for instance. Ninety of them get well; or, if he chooses to use such language, he cures ninety of them. It is evident, according to the doctrine of chance, that there must be a considerable number of coincidences between the belief of the patient and the administration of the remedy."

There are people who live in the shadow of the fear of cancer, and who see in every pimple or every little sore the small cloud, no bigger than a man's hand, which may grow to the blackness of death. If we add to these the number who believe that their "liver is out of order," we find that a large proportion of the human race suffers from more or less imaginary ailments. It must be admitted that doctors are, perhaps, not sufficiently patient with these "malades imaginaire"; and, indeed, it is not easy for a strong-minded man to take them seriously. To them, however, the suffering is serious—sometimes to a degree that makes ruin of their lives; and among these quackery finds a rich field which, skilfully cultivated, has what Johnson said of Thrale's brewer, "potentialities of wealth beyond the dreams of avarice." It is sad to confess that in many cases quackery finds its triumphs in just such failures of medicine.

The Government, by Act of Parliament, provides that "Any person shall be regarded as practising medicine within the meaning of this Act (1) who shall publicly profess to be a physician or surgeon, and shall treat, or offer to treat, any disease or disorder, mental or physical, or any physical deformity or injury, by any system or method, or to effect cures thereof, and charge therefor, directly or indirectly, money or other compensation."

Some Modern Cults

When osteopaths began their campaign to secure the right to treat the sick, without having to comply with the educational requirements of medical practice acts, their common claim was that they did not use drugs, and, therefore, were "not practising medicine." As a consequence, they have been classified by government agencies and by legislators as limited practitioners and separate from the medical profession. In other words, they have been accepted at their own valuation.

Regular scientific medicine has been endorsed by universities of long-established reputation—the only reliable test of any science; and all but a few of the medical schools are now integral parts of such universities. Osteopathic theories, on the other hand, have received no such endorsement, and there is no acceptable proof of their having a reliable foundation.

Christian Science

A few quotations from *Science and Health* may help us to appreciate the tenets of Mrs. Eddy's creed. It must be stated at once that medical

men do not oppose Christian Science, osteopathy and chiropraxy because of any competition from these false systems, but because they are false and misleading to the public. No false system of treatment can in the least degree interfere with the amount of cases that must come the way of the regular practitioner. Indeed, as a matter of fact, their false systems can have no other result than that of increasing the sum total of disease and suffering:

"Physiology exalts matter, dethrones mind, and claims to rule man by material law instead of spiritual. The costs of Aesculapius are flooding the world with disease, because they are ignorant that the human mind and body are myths."

For a genuine piece of profound ignorance, or mental aberration, take the following, found on page 153, at line 25: "We weep because others weep, we yawn because they yawn, and we have smallpox because others have it; but mortal mind, not matter, contains and carries the infection."

She was equally positive that material means were utterly valueless. On this point, note the following quotation: "When the sick recover by the use of drugs, it is the law of a general belief, culminating in individual faith, which heals, and according to this faith will the effect be. The chemist, the botanist, the druggist, the doctor and the nurse equip the medicine with their faith, and the beliefs which are in the majority rule. When the general belief endorses the inanimate drug as doing this or that, individual dissent or faith, unless it rests on science, is but a belief held by a minority, and such a belief is governed by the majority."

According to the foregoing, Mrs. Eddy, the founder of Christian Science, taught that the qualities found in any drug are in it because the majority of people believe that these qualities are there. That is to say, if the majority of people believe that arsenic is not a poison it might be swallowed with impunity. In other words, the qualities of drugs are voted into them. This would be an excellent way of securing temperance. Think that whiskey would not make people drunk, but, on the other hand, is an excellent and nourishing drink—and the whole thing is done.

Again, the following appears: "To the Christian Science healer, sickness is a dream from which the patient needs to be awakened. Disease should not appear real to the physician, since it is demonstrable that the way to cure the patient is to make disease unreal to him. To do this, the physician must understand the unreality of disease in science."

That Mrs. Eddy believed disease to be due to people's thoughts, the following completely proves: "If a child is exposed to contagion or infection, the mother is frightened and says, 'My child will be sick.' The law of mortal mind and her own fears govern her child more than the child's mind governs itself, and they produce the very result which might have been prevented through the opposite understanding. Then it is believed that exposure to the contagion wrought the mischief."

(To be continued)

Editorial

The Superintendent of a Small Hospital

The following quotation from a Canadian journal devoted to hospitals, and written by a man interested in the building and planning of such institutions, makes one wonder where such versatile women as are mentioned find time for all their different activities in the hospital:

"For instance, the X-Ray machine could be installed in the Superintendent's office, if the Superintendent was an X-Ray operator, which is sometimes the case. In most hospitals of the type under consideration, the Superintendent, a woman, is superintendent of nurses, instructor of nurses, operating-room nurse, X-Ray operator, and general plant manager. Under such conditions facilities may be more readily combined, since but one facility is used at a time." Isn't it fortunate, that "but one facility is used at a time!" This arrangement certainly saves a room or two in the hospital, but what of the Superintendent? More than that, what about the training school and students? Isn't it time that we, as an organization, made a real campaign to educate the public, and especially the part of it that acts as the Hospital Trustees or Board of Governors of a hospital? How long are we to sit still and allow the proper education of the young women preparing to meet the demands upon graduate nurses for the varied kinds of nursing and kindred public health works to remain as it is now? It will be years yet in being rectified if we do not ourselves show the folly of expecting or even allowing one woman to shoulder such a burden, and, in the natural course of events, make a failure of one or more of her varied duties. Is it any wonder that the field of hospital executive in these smaller hospitals is none too popular with the type of women who alone can get the real results? Of course she must let some part of her work drop—and what can be so easily omitted as the technical education of those who come to the hospital to get this same technical education to fit them for the community needs? Who cares? The pupil is helpless, usually ignorant of what she should expect from a school of nursing, and it is only when too late that she recognizes that she has been deceived, for it has not been a school.

The Board, speaking generally, knows extremely little about such a thing as a school in its hospital, and cares only that things go smoothly, patients cared for, few complaints, and the expenses kept down. That the responsibility for this ignorance is ours, and that the blame for it rests on our shoulders is only too true. Yet, year after year, we see the same exploitation of the pupils, the same overcrowding of the work and time of the superintendent of these hospitals; the breaking down of the health of this woman, and graduates sent out with only a part of their education given. We, the nurses of Canada, have wonderful opportunities to carry

this insistence of proper recognition of the school to the public, and, till we do take this as our work, the present mode of staffing the hospital and the multiplicity of duties will continue.

Why do we neglect the help that would be ours for the asking from the influential women's organizations? Why not start a "Parent-Teacher" organization in connection with our own schools or join the one in our town? Why not advise the young women to ask, before entrance, more about the personnel and equipment, the educational requirements, etc., and to avoid those so-called schools which do not conform with educational standards similar to those of any other technical school? The provincial associations will prove of inestimable value in improving the nursing education of that Province by taking up this work earnestly; appoint an Inspector of Training Schools (Provincial Director of Nursing would be a far better title); get the mothers of future nurses interested in the schools for nurses; encourage pupils to apply to provincial office for information as to accredited schools, and much will be gained.

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National Office, Canadian National Association of Trained Nurses

The Executive Committee of the Canadian National Association of Trained Nurses wishes to announce that a national office for the Association has been established at 609 Boyd Building, Winnipeg, Man., with Miss Jean S. Wilson, Reg. N., Executive Secretary, in charge.

The nurses of the various associations affiliated in the National Association have long felt the need of a headquarter's office with a full-time secretary, and at the annual meeting held in Edmonton in June, 1922, a majority vote of the associations represented decided on the establishment of such an office.

It is the wish of the members of the National Association that this office should become a Bureau of Information for the various branches of the nursing profession in Canada. Nurses wishing to obtain positions should send a request to the executive secretary for an information form. Hospitals, institutions and organizations employing registered nurses are recommended to refer to the executive secretary when wishing to obtain the names of nurses available for their needs. No fee or commission is chargd for any assistance received through the National Office.

The duties of the Treasurer and Archivist have been delegated to the Executive Secretary.

A Rockefeller Gift.

It is announced that a gift of $150,000 to promote the use of insulin in the treatment of diabetes will be distributed among fifteen hospitals in the United States and Canada.

The World's Pulse

By Elizabeth Robinson Scovil

Germany's Programme.

In the present violent protest of Germany against the payment of reparation, it is interesting to note her own idea of what was due from conquered nations, expressed in the Prussian Upper House in May, 1918. She was to insist on the annexation of Belgium, Dunkirk, Calais, Boulogne and the French coast on the English Channel, together with Verdun and other towns. Surrender of such British coaling stations as Germany desired, including Malta. Payment of an indemnity of $45,000,000,000. Surrender to Turkey of Egypt and the Suez Canal. Occupation of the French territory to continue until the indemnity was paid. The French population to be expelled from the ceded territory. The Allies to pay the entire cost of the support of the German army in occupation. The Kaiser expected to get indemnities of $70,000,000,000 from the United States and France.

Electric Fishing.

Electricity is always being put to some new use. At Sandown, in the Isle of Wight, an electric accumulator was lowered into the water near the bait set for fish. Conger eels and several large whiting were caught. The movements of the fish could be distinctly seen.

Canada Joins in Tribute to the Late President Harding.

One of the persons present at the memorial service at Westminster Abbey was an Indian, Dekalich, Chief of the Six Nations. He wore the Indian costume and a feathered headdress.

Flight Around the World.

The British Air Ministry is making preparations for a flight around the world next year. The route will be the same as that followed last year, when the airplane got as far as India. Both the United States and Italy propose making government flights in the near future.

A Unique Celebration.

The aninversary of the battle of Minden, fought against the French on August 1st, 1759, was celebrated at Cologne by the King's Own Yorkshire Light Infantry, one of the six British infantry regiments which took part in the battle, and which troop their colors every year on that date.

Jews in the Holy Land.

The Jews do not seem to value the privilege of settling in Palestine. A Government report shows that in May 230 emigrated, of whom 164 were recent immigrants. In June, 666 entered the country and 400 left it for America and other lands.

Canadian Flax.

It is hoped to develop the flax industry on a large scale in Canada. Three hundred flax weavers have been brought to British Columbia to increase the force. The French introduced weaving of the flax early in the history of the country. It is still done on hand looms in New Brunswick and other sections. War has devastated the flax fields of France and Belgium, internal dissensions interfered with the production in Russia and Ireland, so there is an ample demand to be supplied.

An Air Bomber.

The United States Air Service has had constructed the largest bombing airplane yet built. It has six engines and a speed of a mile and one-half a minute. It is capable of twelve hours' continuous flight at 90 miles an hour. It can carry two tons of bombs and has seven mounted guns.

News from the Medical World

By Elizabeth Robinson Scovil

Removing Adhesive Plaster.

Medicated tape, or adhesive bandages, can be easily removed by moistening the strip with a wad of absorbent cotton dipped in pure ethyl acetate. It will also cleanse a surface from the remains of adhesive plaster if the strip has been pulled away. There is no pain to the patient, as the adhesive preparation is dissolved.

Duration of Pregnancy.

A writer in the *Lancet* thinks there is sufficient data to show that pregnancy may be prolonged to 336 days, though it is rare for it to extend beyond 320 days. The child at term will be heavier and taller than a child born after the normal term.

Rice 100 Years Old.

In a remote part of Java rice had been accumulated for 100 years, owing to lack of transportation. A road was built and the rice distributed. It has been demonstrated by medical research that the rice has lost very little, if any, of its vitamine or ferment content or of its digestibility.

Chaulmoogra Oil and Leprosy.

The superintendent of a leper asylum in Korea reports that before the use of chaulmoogra oil the death rate was 25 per cent. In the first year after this treatment was begun the rate fell to 15 per cent.; the decline continued until last year it was 1.25 per cent.

Medical Education in Canada.

The Dominion has nine medical colleges, all of which require a six-year course, including courses in physics, chemistry and biology.

Under-nourished Children.

Badly nourished children are usually small and erratic eaters and do not take a sufficient breakfast. A St. Louis physician has prepared a food table, each article counting 100 points; the child is allowed to make up 500 points at his own choice, provided three articles are eaten. One egg, boiled, scrambled, or poached; a glass of milk, cup of cocoa; piece of toast, or bread with butter; large strip of bacon; large tablespoon of cooked cereal, or two of uncooked cereal, each with two tablespoonsful of cream; one banana; one orange; two tablespoonsful of berries with cream. The child should be encouraged to count his own points and keep a record to show the doctor.

Paraffin Wax Dressings.

An unusual use of surgical paraffin (parresine-Abbott) is reported in the *Journal of the American Medical Association*. A severe scald had resulted in much cicatrization of the elbow and adjacent portions of the arm and almost complete loss of flexion of the elbow. The scar tissue was removed, in two operations, and the wound dressed daily with surgical paraffin as is done in burns. It healed smoothly, the arm being straightened and splinted in full extension. After two weeks the splints were removed and treatment continued; in three weeks there was no contracting and the child recovered the use of the arm. Five varicose ulcers of long standing were treated with the same preparation and cured.

Iodine in Goitre.

It has been found that the administration of iodine is an excellent prophylactic in goitre. In some of the Swiss schools almost every child was goitrous. A few milligrams of iodine were given to each weekly throughout the year with most striking results. It is also used in the United States in districts where goitre is prevalent. It is recommended that in such districts every pregnant woman should be treated and also all girls from 11 to 15 years of age.

Poison Ivy Dermatitis.

Melted wax is said to afford instant relief from the pain, burning and itching caused by poison ivy. It is useful even in severe involvment of the vaginal and rectal mucosa. A small cotton swab is dipped in the melted wax and the parts painted with it. If the eyes are closed, the whole face may be painted. The least entrance of air necessitates the weak point being painted again.

Treatment of Cracked Nipples.

It is recommended to apply a cap of thinnest lead to the nipple, after dropping on it 2 or 3 drops of a solution of 0.5 gm. lead acetate and 2 gm. of gum acacia in 30 gm. of distilled and sterilized water. The cap has a broad flat brim and is held in place by two cross-strips of plaster. It is removed only to allow the infant to nurse, the nipple being wiped off with a soft sterile sponge. Previous treatment should be directed to keeping the nipple soft and flexible, not to toughen it.

Public Health Nursing Department

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Vice-Chairman—Mrs. Charlotte Harrington, 104 Spark Street, Ottawa, Ont.
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Address public health news items to the nurse who represents your province on the Publication Committee. Miss Laura Holland, 22 Prince Arthur Avenue, Toronto, Convenor.

Nova Scotia—Miss Richardson, 6 Pepperill Street, Halifax, N. S. **New Brunswick**—Miss H. Meiklejohn, 134 Sydney Street, Health Centre, St. John, N. B. **Quebec**—Miss Elizabeth Smellie, 46 Bishop Street, Montreal. **Ontario**—Miss E. H. Dyke, Department of Public Health, Toronto. **Manitoba**—Miss F. Robertson, 753 Wolseley Avenue, Winnipeg. **Saskatchewan**—Miss Marion Lindebaugh, Assinniboia, Saskatchewan. **Alberta**—Miss K. S. Brighty, care of Provincial Department of Health, Edmonton. **British Columbia**—Miss M. MacLean, 3151 Second Avenue, West, Vancouver, B. C.

The Rotary Clinic

The tubercular work of Greater Vancouver is carried on under the direction of the Rotary Clinic. This institution is equipped with an X-Ray laboratory, dispensary, open air school, rest verandahs, and diet kitchen.

Any patient applying for an examination has the first history taken by the nurse, also temperature, weight and height. A thorough physical and fluoroscopic examination is given, and in most cases X-Ray plates are taken.

Suitable incipient cases are sent to Tranquille, if there is a bed available, and the advanced cases are sent to the General Hospital. Cases, that for some reason will not go to an institution, are treated at home under the direction of the visiting nurse. These patients are expected, when possible, to report regularly at the Clinic for medical advice, weight and re-examination, if they have no private doctor of their own attending them.

In January, 1922, an alpine lamp was installed for treatment of tubercular bones and joints, discharging sinus and general body radiations. The rest verandahs are used for cases where the diagnosis is not complete; the patient comes from 9 a.m. until 5 p.m. for observation of temperature, etc., and sputum examinations. They are provided with a hot lunch at noon and milk before leaving at night.

Arrested cases of tuberculosis, who are working in the city, come in at noon for an hour or two and have lunch and a rest, and by doing this are not as liable to get over-tired with their work.

Once a week a throat specialist gives an hour of his time for examination of the positive cases for laryngeal tuberculosis, and also examines the throats of the children attending the open air school, and, when necessary, removes their tonsils and adenoids.

The open air school at the Clinic has a seating capacity of 25. During 1922, forty-eight different children attended. The children are given a hot lunch of meat and two vegetables, milk pudding, and milk to drink. They lie down and rest for two hours at noon on their cots. Before going home at night they have extra milk and bread and butter. They are weighed every week and a record of their temperature kept.

Von pirquets are done on all the school children, X-Ray plates are taken as well as a physical examination.

In connection with the Rotary Clinic there is a summer camp on Marine Drive, which opens during the summer months for children predisposed to tuberculosis or are over 10% underweight. There are 36 beds, and each child has two weeks' holiday there. The children to go to camp are referred to the Clinic by the school nurses, and the most deserving cases are picked out.

In the afternoons at the Clinic the routine laboratory work is done, sputum analysis, urinalysis and blood counts, also dispensing of medicines, quartz light treatments and the developing of X-Ray plates.

The work of the visiting nurse or public health nurse in connection with the Rotary Clinic consists of:

Following up the patients diagnosed as tubercular into their homes and teaching the patients and their families the necessary precautions to keep the disease from spreading. Arranging for examination of the patient, from time to time, or the children exposed to T. B. Arranging for patients to go to hospital or sanitarium and the caring for children while either parent is taking the cure. Providing the proper surroundings for the T. B. patients living at home, and arranging for their examination at intervals. Giving beside care when necessary, or teaching some other member of the family how to give it.

In addition to the patients who report to the Clinic, a canvass was made last year of all the doctors in Greater Vancouver in order to extend the nursing service to any of their T. B. patients living at home. We secured quite a number of new patients in this way, and hope in time to get in touch with all known T. B. cases in Greater Vancouver.

When a patient, for some reason, cannot go to an institution for treatment, we endeavor to make the home resemble a sanitarium as much as possible, arranging for sleeping porches, separate beds, etc., and keeping them supplied with cups, paper handkerchiefs, disinfectant and so forth, and giving them literature on the disease.

The funds to carry on the social service work are supplied by the Rotarians. We give very little money out, but during the year we dis-

tributed practically $700 in milk tickets, thus providing approximately 7,000 quarts of milk for patients and under-nourished children. This is our largest item, with groceries, rents, shoes, clothing and so forth taking up the balance of the funds.

The Public Health Nurse

Read by DR. W. J. BELL at the G.P.H.A. Convention in Edmonton in May, 1923.

The whole effort in public health is the creation of an environment conducive to healthy living. The most important factor in the creation of such an environment is the public health nurse, or, as she is called in England, the health visitor. In her work she comes into intimate contact with the home, the school and the community, and I have placed the home first, because, without the best possible conditions in the home, effort expended elsewhere cannot produce the best results. The activities of the public health nurse include both health and disease, and for that reason she is given special instruction in hygiene, sanitation and general public health, in addition to her nursing training. The idea was first put into practice in New Zealand, and brilliant results have attended the effort there. Similar systems have been introduced in several European countries, such as Great Britain, Norway, Sweden, Denmark, France and Germany. The United States has made great strides along the lines of child hygiene, and in all the provinces of Canada, as well as by the Federal Department of Health, the public health nurse is recognized as a vitally important factor in the dissemination of health education, more particularly along the lines of maternal and child welfare.

Let us first consider the public health nurse in health and, in the first place, her activity as a community agency. In this connection she is able to make investigations of conditions and report the same to the municipal authorities, so that action can be taken and correction effected. In addition to this she is able to detect at an early stage the development of conditions liable to prove a menace to community health at a later date. By drawing official attention to these conditions, it is possible to have them adjusted before adjustment may become expensive and before conditions of ill-health have resulted therefrom. Social investigations may be carried on by the public health nurse with reports of value given to the municipal authorities in connection therewith. In certain communities, especially in factory towns where a large part of the help is female help, the nurse can hold classes in home nursing and general hygiene in which much valuable information may be imparted to those in attendance. Another important community duty of the public health nurse is her work in connection with practical nursing. In every community we find untrained women who go out as general assistants to homes in which there are obstetrical cases. Lack of training means to these women a lack of the knowledge of aseptic technique, and this lack makes them a very great

menace in such cases. It should be the public health nurse's duty to assemble as many as possible of these women and teach them the fundamental principles of surgical cleanliness and point out to them the dangers of lack of attention in this respect. This is being done in many communities and is one of the public health nurse's most important contributions to maternal welfare. In the case of an epidemic, the public health nurse can combine a health survey of the community with house to house instruction on healthy living and the avoidance of disease-producing conditions which will be found to be of great service in checking the spread of an epidemic.

Let us next consider the public health nurse in her activity in the school, and in this connection we may interject the explanation that we are considering a continuous programme for the public health nurse. It is considered by some that the public health nurse's work should be specialized along various lines and especially along the line of school nursing. Without debating either side of this question, we are considering in this paper the public health nurse as a general community officer, whose activities embrace all the various activities which might properly be assigned to a public health nurse or a health instructor in a community. It is conceded that a complete physical examination is necessary to each child twice at least in its school life. First, when it enters school, and second, when it is leaving. In addition to this a regular inspection of school children should be made by the nurse to detect suggestions of actual or impending ill-health. The complete physical examination should be conducted by a physician appointed for the purpose in association with the public health nurse, the defects found being referred to the family physician for diagnosis and correction as he deems necessary. The principle involved here is economically sound. Education is expensive, and an attempt to impart instruction to a child physically unfit will fall short of the result desired just about in proportion to the child's physical unfitness. For example, a child whose naso-pharynx is blocked with adenoids has defective breathing, defective speech and defective hearing, all of which are conducive to lack of attention, lack of concentration and lack of progress. A child with defective vision has to exercise special effort to read or to see the teacher's demonstrations on the blackboard. This provides the reason for lack of progress in many cases. These cases, along with cases of skin disease, which frequently spread rapidly and are very troublesome, may be referred through the public health nurse to the family physician, who will direct the parents as to the remedy.

We come now to consider the public health nurse in the home, and there, I believe, her most important function is exercised, and in this connection we will consider the nurse in her dual function in health and in disease.

In the home, frequently, one sees conditions unsanitary and unhygienic, conducive to ill-health, most of them due to wornout superstitions and prejudices, such as an avoidance of draught from opening the windows, etc. On one occasion an eminent physician was asked by a lady

patient if he considered the night air harmful. His reply was: "As to that I am not quite certain, but I don't know how you are going to avoid it, and, in order to have the least possible amount of harm, you should always have your bedroom windows open at night so that the air may be fresh and oxygen supplied to you while asleep as freely as possible." The nurse in her home visiting stresses the importance of fresh air and sunshine and the great value to health of soap and water used freely in the house. People should be instructed that the old-fashioned dish of crude carbolic disinfectant creates only a bad odour and a false sense of security; that coughing and sneezing without mouth and nose protected is a menace to the health of others in the neighborhood, and that indiscriminate expectoration is almost criminal. The public health nurse can tactfully impart very valuable information along these lines.

A word here regarding the nurse's duty towards expectant mothers would be in order. At an earlier point we mentioned obstetrical care, in speaking of the public health nurse's relation to practical nurses, with special reference to septicaemia. Our statistics dealing with maternal mortality demonstrate that fully 25% of maternal deaths are due to the toxaemias of pregnancy. A very large majority of these deaths could be avoided by efficient pre-natal care, which would at the same time reduce very considerably our infant loss due to still-births and pre-maturity. The nurse's instruction to a pregnant woman is of very great value, both to herself and to her offspring.

After the arrival of the new baby the public health nurse can be of great assistance to the mother in the nursing of the child. It is her duty to stress the importance of breast feeding on all occasions and to urge that never for insufficient reason should a mother deprive her infant of the greatest benefit, in a nutritional way, it is in her power to confer. Nature's methods and nature's provisions are correct, and it is only when we deviate from nature that we go wrong. It is accepted that it takes approximately two and one-half hours for an infant to complete the gastric digestion of a meal of breast milk. It is accepted that the stomach should have a rest between periods of digestive activity, and further, that food should be supplied at regular intervals. Many infants are made ill because their mothers are not in possession of these facts. The public health nurse's duty is to teach correct principles of breast feeding in every home where there is an infant.

If an infant, for good and sufficient reason, is deprived of its natural food supply, it is the duty of the nurse to advise the mother that cow's milk, properly modified, is the best substitute for mother's milk, and that the family physician should be consulted regarding this. Patent foods she should unreservedly condemn, especially when these foods are being used on the advice of a neighbor or some interested friend, and, even in the odd case where a physician has advised the use of a patent food, it is occasionally possible, through a tactful suggestion from the nurse, to obtain a more rational food for the baby.

Our statistics of infant mortality demonstrate a tremendous wastage of infant life through infection, and in the home the nurse frequently has opportunity to teach the parents and others the danger to the infant of infection and the possibilities of such a simple thing as the common head cold.

The toddler in the home, and also the child of school age, come there under the supervision of the public health nurse, and it is of very great importance that instruction in health habits be commenced early. The public health nurse has an important duty in assisting parents and teachers in the instruction of children in health habits, with a resulting reduction in the hazards of child life. It is quite as important to instruct children how to live as it is to teach them how to walk or talk. Dirt can be made repulsive to children, even to young children. They can be taught the beauty and the safety of a clean mouth, and they can be taught that in order to keep the mouth clean the teeth must be clean, and hands must be clean and substances put into the mouth must also be clean. The earlier this training is commenced the more easy and the more lasting it will be.

In illness in the home the public health nurse can be of very great service; for example, in typhoid fever or in acute contagious diseases. In a workingman's family in which, owing to financial conditions, there is no possibility of obtaining a qualified professional nurse, the public health nurse can go in under the attending physician's directions and demonstrate how to keep the room properly from a hygenic and sanitary point of view; how to make the bed with a bedfast patient in it; how to give the bedfast patient a bath; how to prepare nourishment that has been ordered; how to take care of soiled linen; how to dispose of excreta; and further, how to carry out any directions left by the doctor for the care of the patient. This is done in the way of instruction, first by demonstration, next by having the work done under personal supervision, and, lastly, by occasional calls to keep the work under supervision. This constitutes a definite financial return to the community from the public health nurse, and is of decided economic benefit in every community where public health nurses are working. In the acute communicable diseases the public health nurse is able to instruct the household as to the carrying out of effective isolation and quarantine regulations, and through her efforts epidemics of communicable disease are either averted or more easily and effectively dealt with.

The public health nurse has a definite function in connection with tuberculosis. In this disease she fills the place in the home that the sanitarium cannot possibly fill. She instructs the infected person in the value of fresh air, sunshine, food and rest, to effect a cure of the condition, and she does it in the domestic environment in which the patient lives, so that the domestic routine and the patient's routine are made to fit. She also is able to instruct the tuberculous patient how to protect those around him from infection, and last, but most important, she instructs the other members of the household how to protect themselves.

In other words, she exercises a definite function with respect to the tuberculous contact, and this we must accept as vitally important in controlling the spread of tuberculosis.

Much more might be written on the valuable activities in public health of the public health nurse, but it would seem that sufficient has already been stated to confirm my original declaration that the important agency in the creation of an environment conducive to healthy living is the public health nurse.

Saanich Municipality

Public Health Nursing Service being Directed from Saanich Health Centre, Saanich, B. C.

SQUARE MILES, 56; POPULATION, 12,000; SCHOOLS, 15; CLASS ROOMS, 58; SCHOOL CHILDREN, 2,222.

NURSING STAFF.

Superintendent Nurse, one School Nurse, one District Nurse.

TRANSPORTATION.

Two Ford cars. Approximate mileage covered monthly, 2,000.

WELL-BABY CLINIC. Three each month. 348 babies registered to date.

SCHOOL WORK. Individual class-room inspection once each month, except in case of an outbreak of communicable disease, when the nurse makes a daily examination of the pupils until the danger of communication is passed. The teachers are instructed in observing signs and symptoms and reporting to the Health Centre.

Pupils are weighed every month and measured once in the school year; subsequent months the children are encouraged to weigh themselves and record the result under the supervision of the nurse. Charts are placed in every class-room for this purpose.

After each inspection the nurse gives a health talk to the class upon such matters as personal cleanliness, care of the teeth, etc., which talks are made suitable to the grade. The names of pupils who observe health rules are placed on the Roll of Honour each year.

LITTLE MOTHERS' LEAGUE CLASSES are for girls between the ages of 10 and 14 years. A definite course on infant hygiene is given, which includes the proper dressing and feeding of the babe with practice on a baby doll. The classes cover a period of twelve weeks with examination, and the successful candidates are given a badge and certificate issued by the Provincial Board of Health.

ATTRACTIVE HEALTH POSTERS are placed in every class-room. Children are encouraged to make health posters themselves about fruit, vegetables, sunshine, teeth, nails, etc. Prizes are given by the Provincial Board of Health for the best health poster.

DENTAL WORK. The dentist works at the Centre three hours, from 9 a.m. to 12, daily. In this way twenty-five pupils approximately have dental care weekly.

TONSIL CLINIC. The last Friday of each month. At least five tonsil operations done. The children are put to bed and cared for, and remain from six to thitry-six hours, or until quite recovered.

TUBERCULOSIS CHEST CLINIC. Once each month all suspects are encouraged to attend and supervision is maintained at intervals by visiting the homes, or arrangements are made for transfer to sanitarium.

SOCIAL SERVICE. Social Service Work is an important part of the programme, as there is no organization in Saanich for this purpose.

INFANT WELFARE. All babies born in Saanich are followed up. All through the pre-school period supervision is maintained.

HOME NURSING AND HYGIENE. These lectures are conducted through the fall and winter months, the classes covering a period of twelve weeks, with examination and certificate issued by the Provincial Board of Health.

ADDRESSES on various phases of Public Health nursing, Child Welfare, etc., are given as part of every month's programme. Health Centre activities are shown on colored slides.

DISTRICT. The District work includes maternity work and bedside nursing, except in cases of communicable disease. This service is heavy, owing to night calls. A certain amount of educational work is carried on, and health literature distributed.

AT THE HEALTH CENTRE, six beds are utilized for a certain type of patient, such as malnutrition, tonsilectomy cases, etc.

EXTENSION OF WORK. We are organizing Pre-Natal and Eye and Ear Clinics, the latter being a vital necessity for the school children. The difficulty which presents itself, a very real one, is the limited staff and transportation facilities. The nurses are working to the limit of their strength. An increase of staff is a matter which requires very serious consideration, also an additional car is needed. The two in use are inadequate for present requirements and will certainly not meet further needs if a proper Public Health Nursing programme is to be carried out. The work has increased with surprising rapidity during the past year, as the following figures will show, which includes individual attention to cases, nursing, school, welfare, etc.: Year ending December, 1922, 13,053; half year ending June, 1923, 12,989.

All of which is respectfully submitted.

C. A. LUCAS, R.N.,
Nurse Superintendent.

Pupil Nurses' Department

"Mysteries"

Each year passes by into history, the years close and still the world goes on! although in reality there are no such divisions as time, months and years; they are only man's created division for his own convenience, but as long as time lasts and the problem of pain and suffering exist, the need of the "nurse" or "sister" will be felt and required.

What is there in the name "nurse" or "sister" that seems so magnetic? Is it an inner, finer feeling that pertains to human life, and cannot be defined in any way? Still, if the call was not answered there would be that unrest of mind and a feeling of not using our lives, which the "Unknown" has given us, to the best advantage, not only to ourselves, but to our fellow creatures.

The days come and go and each morn' we go on duty, sometimes with feelings of dread at not being able to adapt ourselves to the work set out for us, but more often with a heart full of joy and pleasure at being able to bring comfort and a little pleasure to those who are weakened and stricken down by life's burdens and afflictions.

Then there are times when we see life born anew and brought into the world, which should never come to be regarded as a commonplace event, but remember that it is one of the most sacred mysteries of life.

Again, there is the one who, with firm and steady hands, performs some of the wonderful and delicate actions assisting nature at a critical time, thus saving many a life at its first inception and allowing the world to put a more confident trust into his keeping.

Last of all comes "Death," the "Reaper," who snatches the lives from those who least expect it.

But still life is continuous and everlasting, and to say that another year has passed away has some meaning for us, that another section or period of our life has been lived and many things accomplished, whether for good or evil, but we only hope our life will not diminish but enlarge, and our minds develop with the more serious and important things of life, rather than allowing the trivial, lighter things to control and rule us and thus make us of less worth to ourselves and our fellow creatures.

M. PARTINGTON,
Pupil Nurse, Jeffery Hale's Hospital, Quebec.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.
Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.
Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.
Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.
Ontario—Miss Helen Carruthers, 404 Sherbourne Street, Toronto, Ont.
Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.
Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.
Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.
British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

The Extension Course provided by the University of Toronto for private duty nurses has proven a great success, and the private duty committee are to be congratulated on this first venture in this direction.

This is the first course of its kind ever provided by the University, and the attendance far out-numbered that of the other courses. Some 340 nurses registered, two of whom came from outside points.

Mr. Dunlop, who worked with the committee in arranging the course, was most kind in looking after the comfort of all. The lectures, which were of an educational and cultural nature, were given in the morning of each day, and in the afternoons clinics were held at the various hospitals. Both lectures and clinics were most interesting and instructive, and it is felt that the nurse who did not take advantage of this course has missed a great deal.

The hospital authorities were most kind in providing escorts to show the nurses through the hospital.

After the clinic and tour through St. Michael's Hospital, the nurses were invited to the residence, where refreshments were served and a very pleasant hour spent in getting acquainted with one another.

A very enjoyable afternoon was spent at the Free Hospital, Weston, where, after a talk by Dr. Dobie and a tour through the hospital, the nurses were invited to a picnic and corn roast on the banks of the Humber, where Dr. Dobie and Miss Dickson made a very happy time for the nurses.

At the close of the lectures, Miss Masters, of Kitchener, thanked the private duty committee who had made this course possible, and voiced the appreciation of the visiting nurses for the inspiration the course had been

to them, and hoped that we would meet again next year in even greater numbers.

Miss Carruthers, president of the private duty committee, was presented by the visiting nurses with a bouquet of roses.

The course was brought to a close by a tea at the Nurses' Club, Sherbourne Street. On saying good-bye, each nurse expressed the hope that she would be at the course next year.

Nurses and Hospital Construction

In building a new hospital or an addition to an old one, or in renovating an old one in any way, such as by pulling down, new floors, putting in new plumbing fixtures, heating, or ventilating apparatus, lighting fixtures, operating equipment, hospital furniture, the people who usually consult together over such new building alteration, improvement and furnishings, are the architect, the president of trustee board or chairman of the house or building committee, the superintendent, the directress of the training school, and probably a representative or two of the medical staff.

The writer of this paper desires to emphasize the value of information which can be secured from the nurses, who day after day for three years walk on the floors, and gaze through the hospital windows which transmit to them the health-growing sunlight and the daylight needed to enable them to clearly inspect the nooks and corners of the wards, kitchens, bath and sink rooms, toilets, and to detect any changes in the appearance of the faces, eyes, throat, skin or other parts of the body of their patients, which they are expected by the doctor to watch closely; and to use and come into intimate contact with everything in hospital wards and accessory rooms.

Nurses should be able to tell the building committee which sort of floors are easiest on their feet, which are most easily cleaned and remain clean longest, which stand wear and tear best and which look the best, and are the least noisy.

In order that they may be able to give the committee an opinion, nurses must keep eyes and ears open, and the touch corpuscles of the soles of their feet alert. They can then say what floors are noisy, easy on their feet, pleasing to the eye, easily cleaned and kept clean or otherwise.

This simple method of studying floors may be applied to the study of walls, ceilings, radiators, beds and bedding, special hospital furniture, dishes and all of the other items which enter into hospital construction and equipment; merely by using one or more of the five senses and by putting on their thinking cap.

All nurses should observe, reflect, record; and also to report if called upon by the building committee. They can be of much assistance on

account of their practical acquaintance with all these features of hospital construction and furnishing.

The writer, while engaged some years ago in assisting to plan a large hospital, asked a nurse (and he interviewed many on many topics) what sort of window panes she preferred. She replied that she liked the large panes, seeing windows containing them could be more easily and quietly cleaned than those with small panes. Another preferred glass door knobs to metal for the same reason. Another gave him excellent advice as to the diet kitchen lay-out—the placing of the sink, the stove, steam table, refrigerator, shelving and other equipment. She advised placing the sink under the window with ample drip-board on each side, and high enough to prevent too much back-bending. She would place the stove near by.

In like manner nurses may easily study rooms for utility purpose, baths, appliances, flowers, nurses' charts, private ward rooms and the like, and be able to tell the committee just how large she would like to have these accessory rooms, what kind of furnishings and equipment should be placed in each, and just where each such article should be placed. All of these items should be indicated on the architect's plan, more especially fixtures whose conduits have to be "roughed in" as building proceeds. Certain of these rooms require one sort of floor and wall finish; others require different sorts. The nurse should express her preference and the reason therefor.

Once, in discussing bath-rooms with a nurse, she recommended a tub with a solid foundation, placed so nurses could, if necessary, get on each side of it, in case of collapse of the patient, and raised well up from the floor so as to prevent her from having curvature of the spine; and also having a signal button within easy reach.

Nurses who have done private ward duty can give especial help to a committee planning an ideal private room. They can advise as to the floor, floor covering, position, size and height of window, including blinds and curtains; sort of door, place of closet, place of bed, bureau, table, chairs and the like; position of lights, and outlets for signals, telephone, bed warmers, movable lamps, quantity of bedding, etc. The nurses in the New Hamilton City Hospital would tell you that their private ward doors have no latches. There is a reason.

The writer, while helping to plan a $100,000 operating building, received many valuable pointers from more than one operating room nurse, as to size of various rooms, their relation to one another; the tables, cabinets, stands and utensils required, their size, make and design, their position in the rooms, operating, anæsthetic, sterilizing, supply, utility. Most nurses in training spend two to three months in the operating room suite. They will notice how convenient or inconvenient things are, and can say to their building committee what should and should not be done.

When the construction of the new General Hospital was decided upon, a number of eminent authorities were consulted, and the manage-

ment committee was very fortunate in securing a whole evening with the late Sir William Osler. He spoke with authority and at length, particularly on the question of medical staff organization. When asked how he would approach the problem of construction, "go around and see the mistakes the other fellow has made and then don't make 'em," he replied, and no members of the hospital family are better able to point out mistakes, more particularly in the heart of the hospital, the wards and auxiliary rooms, than our nurses. Let them be prepared to do so, if called upon, and they should be consulted much more than they are. To be prepared to report they should *observe, reflect, compare, record.*

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Refresher Courses for Private Duty Nurses

Having been requested to write something for the magazine concerning "Refresher Courses for Private Duty Nurses," the establishment of which has been a long-cherished hope of mine, I would like to tell what we have done to secure such a course in our own Province.

When the Private Duty Section was organized, their council determined to endeavour each year, if possible, to place before the private duty nurses some definite scheme for their improvement and advancment in their profession, and to urge them to strive to realize its attainment. This year the privilege of outlining our plan of work fell to my lot, and at last came my opportunity to set about the formation of the long-desired course.

The need for such a course has, I feel sure, been long felt by many of us; and in the days when a very large percentage of the special nursing was done in private homes, and a private duty nurse was called only very infrequently to the hospital, many of them must have felt as keenly as I did the need for some plan by which she might keep herself conversant with the ever-increasing advances in medicine and surgery.

At that time, private duty nurses were not organized except in registries, and so, in the hope that they would take the matter up, I proposed several years ago, to our Central Registry Council here in Toronto, that we should ask the larger hospitals to assist us by allowing us to attend specially arranged clinics and lectures. However, the council did not favor the idea, and nothing further was done until we became a section in the National Association. I mention this because, although very desirable that such a course should be linked up with the university, there is no reason why, where that is an impossibility, any group of nurses near a hospital centre should not arrange such a course for themselves.

As soon as we had formed our plans for our course in this Province, we wrote to the convenors of the private duty committees in every Pro-

vince, urging them to endeavor to secure similar courses for their members, and I believe they are doing so, Miss Johns, of the University of British Columbia, having outlined an exceedingly interesting course for their committee.

We had no difficulty in arranging our course. We first approached the director of the short-term university extension courses held there during the summer, with the request that he would secure for us lecturers in those cultural subjects in which the nurses desired instruction, as well as special lectures in medicine and surgery. He was much interested in our plan, and promised us every possible assistance. We then called on the superintendents of the various university hospitals to ask that special clinics be arranged for our programme, and they also received our request with the utmost interest and kindness, and at last the plans for our long-wished-for course were completed.

The registration fee for the course was just two dollars, and the university provided accommodation for four dollars per week for a single room. When arranging our lectures they made just one stipulation, and that was that we must secure a class of not fewer than twenty members. We had three hundred and forty in our class!

The course extended from August 13th to 18th, with lectures from 9 to 12 each morning in the university, and clinics at the various hospitals in the afternoons. The subjects of the lectures were as follows: English literature, public speaking, psychology, contagious diseases, diet and disease, influenza, sleeping sickness, pneumonia and emergency surgery. The clinics held at the various hospitals were: The diets in the different types of nephritis," "Blood groupings and transfusion," "Surgery," "Tuberculosis," "Diebetic Ward."

Surely the need for the course was amply proven by the splendid response to our appeal for members. To my keen disappointment I was deprived, through illness, of the pleasure of attending our very first refresher course, but Miss Carruthers, convenor of our private duty committee, who has been indefatigable in her efforts to make the course a success, assures me that it was enthusiastically appreciated by everyone, and that the nurses are already looking forward to next year.

EDITH GASKELL,
Chairman Private Duty Section.

Grave of the Earl of Carnarvon

The burial of the Earl of Carnarvon, the explorer of the wonderful tomb of the Pharoah, took place on the top of a high hill on his family estate. The ground was consecrated by the Bishop of Winchester. When the ground was opened a number of skeletons were found. It is the site of an ancient encampment. Lord Carnarvon's burial probably is the first on the hill since the Roman occupation of Britain.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

How to Keep a Nurse Interested in Her Patient

The problem of keeping the student nurse interested in her patient is one which every school superintendent finds herself faced with most of the time.

The probationer enters the hospital full of the zealous enthusiasm characteristic of the youth of to-day, dreaming great dreams of splendid opportunity, of purposeful activity, of willing service, with the patient as the core and the meaning of it all. In most cases this enthusiasm keeps its bright lustre throughout the probation period, and even sometimes much longer, depending, of course, upon the individual, but usually it begins to show signs of dimness towards the end of the first year.

Some superintendents dismiss this lagging interest with the high-handed explanation that the novelty of any new situation wears off after a while, and that this gradual loss of interest of the nurse in her patient is simply a matter of course. But is it? True, the novelty of every new situation does wear off. Novelty is only a matter of fresh stimulus, and freshness gives place to familiarity, and familiarity to routine as the stimulus is repeated. But surely, if the student has been chosen wisely, and her training and environment are what they should be, before the novelty has worn off, something finer, something more real should have been developed to take its place.

Part of the trouble begins with the selection of the wrong type of student and could be obviated in some measure by closer and more individual contact and supervision during the probation period, at the end of which there should be a dropping out of the undesirable student, whether from a point of view of academic standing, moral, physical, or other unfitness for the work.

Beginning, then, with the desirable student, we must see to it that she is kept mentally and physically fit, for otherwise her patient will become a trial, and her duties burdensome. Fortunately we have reached a stage in nursing progress when an eight-hour day for the student nurse is almost universal, thus affording the necessary time for rest and recreation. But too often we stop there, and, for our night nurses, rest is a matter of chance rather than arrangement, and in the matter of recreation there is little provision made or guidance offered. Some one has defined recreation as anything which adds to the joy of living without detracting from the capacity for work; but how much are we doing for our nurses to add to their joy of living? Where are our gymnasiums, our tennis courts, our swimming pools?

We boast of our knowledge of psychology, and yet our nurses' homes are often dark, dingy and unattractive, and our reading libraries, when we have such, contain very few up-to-date books and magazines. Surely if we could but impress upon our school trustees and friends the tremendous importance of environment on character and well-being, something more could be done to make our homes more attractive, more conducive to the physical and mental well-being of the student nurse.

In the matter of supervision of the physical condition of the student, there is also need for greater care. We have all amongst us the nurse who makes a mountain out of every molehill of small, temporary physical indisposition, but there is also the opposite type, the shy, reticent individual, who sometimes refuses to give in until she has reached the point of breaking down, and often she is allowed to reach that stage unnoticed, and the fallen arch, the frequent sore throat, the little cough, the strained eye muscle, have sapped every bit of her interest and her strength. Some schools very wisely make each supervisor responsible for the physical well-being of the students on her wards. Each student is weighed every month, and her weight, with any observation of indisposition, incapacity, or disinterest in her work, is reported to the training school for investigation. By means of this arrangement incipient disease of one kind or another has often been recognized at an early stage, and disinterest, because of ill-health, has been minimized. A still better plan would be the introduction of the school nurse to entirely look after the health of the students.

The type and the amount of teaching in our training school has much to do with the fostering and maintaining of the interest of the nurse in her patient. A great deal can be done in the class-room or lecture hall, but this teaching, in order to be really effectual, must be followed up with clinics on the ward. Even in dealing with a subject like anatomy, the patient can be kept before the student. Take a lesson on the abdominal muscles, for instance. If here the teacher explains the meaning of hernia, illustrating the anatomy involved by means of drawing, charts, or lantern slides, and then follows up with clinical instruction on the ward, an association of ideas has been given the student on that particular piece of anatomy, and she is much more apt to remember the lesson and its meaning. Or take materia medica, probably one of the hardest subjects in which to arouse much interest. If the instructor can take her class in little groups around the hospital and show signs of therapeutic action here, and symptoms of overdosing there, the student is stimulated to observe for herself, and the patient in her charge gets better and more intelligent attention.

Every subject taught, every clinic given, however small, must be shown to have a very definite and important part in caring for the patient.

Each nurse must be trained to realize that however young, however inexperienced she yet may be, her piece of work is a contribution to the whole, and invariably leaves its measure of influence, whether for good

or ill. This teaching, of course, will necessitate doing away with a great deal of the cleaning, dusting and arranging of linen that could and ought to be given over to ward maids, but we are reaching a stage of nursing development when no lesser measures will be adequate to meet the needs of the student.

Our supervisors should all be trained to teach, to complement the work in the class-room, or demonstration room, with follow-up instruction at the bedside. It is a good plan to assemble this group from time to time, explaining the curriculum, going over the methods taught, asking for suggestions and soliciting their co-operation on the wards in this regard.

Bedside clinics, with the attending physician or surgeon, with the house surgeon or with the supervisor, should be advocated and encouraged. The student should be taught to find out from the chart or from her patient the history of the case, the nature of the illness, and the reason for every treatment or medication, with the observation of effects.

The importance of giving lectures on psychology and social service work to the student nurse cannot be overestimated. To know all is to understand all. Unless the living conditions, the physical, mental, and moral environment of the patient and its relationship on mind and body is known and understood, the student cannot possibly get that breadth of vision which alone creates an intelligent understanding of, and sympathy with, the needs and the vagaries of her patient, and a knowledge of how to meet them.

Shall we not, then, see to it that, as far as it lies in our power, everything shall be done to attract the desirable student, to keep her physically fit, to obtain for her an environment which will help to give "a heart at leisure from itself," and a type of teaching which will be conducive to the best interest of the patient, and the highest development of the student herself?

MARY E. MARTIN,
Superintendent Winnipeg General Hospital.

(Read at the C. A. N. E. Convention, Toronto, June, 1923.)

CARE OF THE HAIR

1. Wash the hair frequently enough to keep the glands open.
2. Dry it thoroughly with hot air.
3. Do not have your hair singed or doused with tonic. These are useless measures.
4. If the hair is dry, rub in a mixture of three to six teaspoonsful of castor oil in a pint of alcohol, or bay rum.
5. Any marked change in the condition of the scalp calls for attention from a skin specialist and not a "beauty doctor," as there may be some constitutional cause for it, especially some glandular disturbance.

Hospitals and Nurses

QUEBEC

Royal Victoria Hospital, Montreal

Miss Edith Moffat (1902) has accepted the position of Operating Room Supervisor in the Wellesley Hospital, Toronto.

Miss Fanny Munroe (1914) has been appointed second assistant at the Buffalo General Hospital.

Miss Milla MacLellan (1915) is now in charge of the Ross Pavilion.

Miss Etta Binning (1921) has accepted a position at the hospital, Lake Placid, N. Y. Miss Eleanor O'Neill (1919) and Miss Mildred Hammond (1922) are doing private duty there.

The following members of the 1923 class are holding positions at the R. V. H.: Misses Dart, J. MacKay, Fisher, Flanagan, and Cameron.

Dr. and Mrs. MacArthur (Barbara Lamont, 1899), of West Kilbride, Scotland, who have been visiting relatives in Canada this summer, called to see their friends at the R. V. H. before sailing for Glasgow.

* * * *

ONTARIO

London.

The graduation exercises of the 1923 class of Victoria Hospital where held recently, when 34 nurses received diplomas and badges. Addresses by Dr. F. H. Pratten, Lieut.-Col. Gartshore, and the chairman, Mr. James Gray, were most interesting to all. The diplomas were presented by Mr. John W. Laidlaw to the following: Misses L. R. Jackson, E. A. Thompson, G. B. Tiffen, E. M. Allen, K. H. Lazenby, E. A. Uren, V. G. Piercey, L. C. Ironside, M. M. Armstrong, E. A. Blair, D. L. Wallis, T. Otter, A. Stirrett, B. J. Leonard, N. M. Walters, N. E. Newcombe, F. M. Jardine, H. A. Moscrip, A. F. Bryant, F. O. Graham, V. E. Wigmore, M. Smith, V. M. Blashill, A. A. Cahill, H. J. Smith, R. I. Scott, M. L. Wallis, J. M. Lotan, A. R. Williams, G. I. Orchard, M. R. Sherritt, M. W. Stevenson, M. V. Brickenden, and G. G. Appleyard. A short musical programme was much appreciated. This was followed by a delightful reception given by the Superintendent and the graduating class to their friends in the evening at the nurses' residence. The Alumnae also entertained the 1923 class at a euchre and tea. Mrs. Walter Cumming and Miss Agnes Malloch were in charge of the arrangements.

Miss Margaret Jones has received the appointment as Supervisor of the War Memorial Children's Hospital. This will be administered from Victoria Hospital in the same way as other departments of that hospital are. Miss Jones is a graduate of Victoria Hospital, with post-graduate experience in children's work in New York.

About 65 members of the Alumnae Association held their annual picnic at Springbank recently. The general convenor was Miss Annie Mackenzie.

Miss Helen Bapty was the speaker at a recent meeting of the Public Health Nurses' Association on mothers' pensions. Miss Bapty is the Inspector for Middlesex and Huron counties.

Miss E. A. Gillies (St. Catharines G. & M. Hospital), Misses A. Bodkin, Cameron, Cunningham, and Mrs. A. C. Joseph were among those attending the summer institute for private duty nurses held at the University of Toronto.

Strathroy.

The laying of the cornerstone of the Nurses' Home in connection with the Strathroy General Hospital took place July 25th with a large attendance, which included Miss Morton, the Superintendent of the hospital, and her staff, the Mayor and councillors, doctors and clergy, and the members of the Hospital Auxiliary. This building is the gift of two citizens, Mr. J. W. Cameron and his son-in-law, Mr. A. W. Bixel, in memory of their wives. When this home

is completed it will be modern in all respects and with every comfort for the nurses. The stone was laid by Rev. J. A. Shaver, which was followed by several addresses by prominent citizens. At the close lunch was served and a social hour enjoyed.

The annual meeting of the Alumnae Association was held on Aug. 2nd at the hospital. In this, the first year of the association, thirteen new members were enrolled, as well as several associate members. Reports from officers showed much interest taken in the new organization. In addition to the members, Mrs. Meecham, President of the Collingwood Hospital Board, was present, and showed much interest in the meeting. An address was given by Dr. C. H. McDougall on "Diabetes." The officers are: Hon. President, Miss Morton; President, Mrs. Chas. Holt; Vice-President, Mrs. E. Fitzpatrick; Secretary, Mrs. Susie Craik; Treasurer, Miss L. Lewis; and Press Secretary, Miss W. Hughes.

Toronto General Hospital

Mrs. Cadenhead, who for some years has been in charge of the obstetrical floor of the private patients' pavilion, has accepted the position of Matron of the Preparatory School, Upper Canada College, and took up her new duties on Sept. 1st.

Miss May Morley (1920) has left to take charge of the new hospital at Dryden, Ont., which is under the Red Cross Society. Miss Mabel Sharpe (1919) is in charge at Haileybury.

Miss Dorothy Wright (1921) has taken a position in the social service department, T. G. H. Miss Eva Christie (1921) has accepted a position on the staff of the medical clinic of the same department.

Miss Gordon Lovell has resigned from the staff of the social service department and has accepted a position with the city hall department.

Guelph.

Miss Mary Stewart, Superintendent of the General Hospital since 1920, has resigned and is now at the Children's Memorial Hospital, Chicago. She is succeeded by Miss A. Schafer, graduate of Guelph General Hospital, 1921, who has been assistant to Miss Stewart since her graduation. Miss Agnew, Operating Room Supervisor, has resigned. Miss B. Anderson (1920) has been appointed Night Supervisor, formerly filled by Miss Tullock of the R. V. H., Montreal. Miss E. Clark (Toronto Western Hospital) has been appointed Floor Supervisor.

About 35 graduates from the Guelph General Hospital and St. Joseph's Hospital, Guelph, took advantage of the private duty course given in Toronto in August. Much of the credit of arranging for this course is due to Miss Carruthers, convenor of the Private Duty Nurses' Committee, and a vote of thanks to her was accompanied by a large bouquet of pink roses.

Hospital for Sick Children, Toronto

Miss M. Dennison (1916) and Miss M. Ingham (1917) have been appointed instructors for the coming year at the Hospital for Sick Children.

Miss Potts, the former Superintendent of the Hospital for Sick Children, was in Toronto for three days during the month of July. An informal reception was held for her at the residence.

Dr. Banting has been appointed to the staff of the Sick Children's Hospital in charge of the diabetic work.

Miss Watt (Class 1923) is taking a course in O. R. work at the Montreal General Hospital.

Miss D. Cameron (1922) and Miss E. Grew (1923) are the scholarship nurses taking the teachers' course at McGill University this winter.

Miss Janet Avery (Class 1921) is now on permanent duty on the Empress of Scotland.

Miss Marion Ruddick (Class 1914) is spending the summer in Canada. Since demobilizing from the C. A. M. C., Miss Ruddick has nursed in Serbia and Montenegro, but is now in London studying the violin. Her address is No. 15, Bramerton St., Chelsea, S. W. 3, where friends from Canada would be made very welcome.

Miss A. Ingham (Class 1921) has taken charge of a ward at the Bridgeport General Hospital, U. S. A.

BRITISH COLUMBIA

Mrs. Anna Stabler, R.N., and Miss Isabel Jaffares, of the staff of the Provincial Red Cross Nursing Service, left at extremely short notice for Japan to do emergency public health work in that country.

Miss M. P. Macmillan (Winnipeg General Hospital) has resigned her position as Night Superintendent of the Vancouver General Hospital and has left for California.

Mrs. Eva Calhoun, R.N., Superintendent of the Vancouver Branch of the V. O. N., has returned to duty after a most interesting year spent at the University of Ann Arbor, Mich.

Miss C. Sage has been recently appointed Superintendent of the General Hospital, Prince George.

Miss Isabel Smith, R.N. (Nicholl Hospital, Peterboro), has been appointed to the staff of the Royal Columbian Hospital, New Westminster, B. C.

BIRTHS

Blue—At the Private Patient Pavilion, Toronto General Hospital, to Mr. and Mrs. A. W. Blue (Alice Gifford, T. G. H., 1919), on July 20th, 1923, a daughter.

Brown—In Toronto, to Mr. and Mrs. Brown (Irene Beayley, T. G. H., 1917), a daughter.

Clark—To Mr. and Mrs. Clark (Adelaide Campbell, T. G. H., 1918), of Toronto, July 29th, 1923, a son (Thomas Campbell).

Fleming—At the Private Patient Pavilion, Toronto, August 3rd, 1923, to Mr. and Mrs. Gordon Fleming (Marjory Malcolmson, T. G. H., 1919), a daughter (Betty Jean).

McClelland—In Toronto, June, 1923, to Dr. and Mrs. J. McClelland (Alva Lewis, T. G. H., 1919), a daughter.

Smith—In the Private Patient Pavilion, Toronto General Hospital, Aug. 7th, 1923, to Mr. and Mrs. Smith (Edna Fetcher, T. G. H., 1915), a son.

Smith—At North Vancouver General Hospital, North Vancouver, B. C., on September 1st, 1923, to Dr. and Mrs. Lee Smith (Jewel Sigsworth, Vancouver General Hospital), a daughter.

Stoughton—On June 19th, 1923, to Dr. and Mrs. Dwight H. Stoughton (Aileen Dickson-Otty, Royal Victoria Hospital, 1918), a daughter (Aileen Winslow).

MARRIAGES

Carpenter-Cruise—At Lachute, Que., on September 12th, 1923, by the Rev. J. F. Forsythe, Tessie Ruby Cruise (Royal Victoria Hospital, Montreal, 1920), daughter of Mr. and Mrs. John Cruise, to Robert Emery Carpenter, of Buffalo, N. Y., formerly of Lachute, Que.

Coles-Starratt—At Moncton, N. B., on August 21st, 1923, Elizabeth C. Starratt (Royal Victoria Hospital, 1921), daughter of Mr. W. W. P. Starratt, to James William Coles, both of Moncton, N. B.

Conway-Derbyshire—At the Methodist Church, Westport, Ont., August 1st, 1923, by Rev. F. Harton, Abigail Derbyshire (Wellesley Hospital, Toronto, 1921), to Dr. Harry R. Conway, Toronto.

Emmons-Babbit—At the First Baptist Church, Vancouver, B. C., by the Rev. A. W. McLeod, of North Vancouver, B. C., September 12th, 1923, Blanche M. Babbit (Vancouver General Hospital) to Edward F. Emmons, of Britannia Beach, B. C.

Golding-Fisher—At St. Luke's Church, Chatham, N. B., on June 27th, 1923, Mary Kathleen Fisher (Royal Victoria Hospital, 1920), to Kenneth Logan Golding.

Hanley-Simpson—In Toronto, Sept. 12th, 1923, Margaret Simpson (Toronto General Hospital, 1920), to Dr. Thomas Hanley, of Toronto.

Knox-McKay—At Mimico Beach, Ont., Sept. 5th, 1923, Mary McKay (Toronto General Hospital, 1919), to Mr. Vernon Knox, Toronto.

Law-Hyndman—At Toronto, Ont., on July 27th, 1923, Janet Paton Hyndman (Royal Victoria Hospital, 1919), daughter of William Hyndman, of Toronto, to Ronald Graham Law.

Low-Vanduzer—At Trinity Methodist Church, Toronto, September 1st, 1923, Doris Vanduzer (Toronto General Hospital, 1918), to Dr. Donald M. Low, of Toronto.

MacInnis-Maclennan—At the Westminster Presbyterian Church, Windsor, Ont., on August 8th, 1923, by the Rev. G. Melvin, Christina M. Maclennan (Wellesley Hospital, Toronto, 1921), to Mr. J. A. MacInnis, of Sault Ste. Marie, Ont.

McClellan-McIntosh—At St. Stephen's Church, Toronto, on June 11th, 1923, Bertha McIntosh (Victoria Hospital, London), to Dufferin J. McClellan.

McNaught-McNaught—At West Moncton, N. B., June 22nd, 1923, Edna McNaught (Toronto General Hospital) to David McNaught, Toronto.

Parks-Cameron—In Toronto, Sept. 5th, 1923, Helen Cameron (Toronto General Hospital, 1918), to Dr. Wilfred Parks, Toronto.

Pritchett-Adams—Recently, in London, Ont., by the Rev. George Watts, Madeline Garland Pritchett (Victoria Hospital, London), to Dr. Leonard W. Pritchett. They will reside at 211 Queens Avenue, London.

Simpson-Wheaton—In Halifax, N. S., Sept., 1923, Elizabeth Wheaton (Toronto General Hospital, 1923), to Dr. Roy Simpson.

Tripp-Thorpe—On September 1st, Alice K. Thorpe (Vancouver General Hospital, 1923), to T. E. Tripp, Royal Canadian Mounted Police.

Walker-Cameron—At the Church of St. Andrew and St. Paul, Montreal, on August 1st, 1923, by the Rev. Dr. Scott Isabel Cameron (Royal Victoria Hospital, 1913), daughter of the late J. A. Cameron, of New Glasgow, N. S., to Charles J. Walker, of Montreal.

Wills-McBeath—At Madoc, Ont., Sept. 5th, 1923, Anne McBeath (Wellesley Hospital, Toronto, 1921), to Mr. James Wills, of Toronto.

A NEW LOCAL ANAESTHETIC

Discovery of a new local anaesthetic to be used as a substitute for cocaine, in anaesthesia, was recently announced by the University of Illinois, in whose laboratories the product was perfected.

This new product is structurally related to both cocaine and Procaine, but clinical tests have shown it to be superior to cocaine in practically every respect. For example, it is less toxic in the concentrations required for effective anaesthesia; its solutions may be boiled without decomposition; it causes no dilation of the pupil of the eye, nor drying up of its secretions. It is less irritant than cocaine and much more rapid in its action. The anaesthesia produced by this new product is of longer duration, and its solutions are slightly antiseptic.—*The Trained Nurse.*

POSITIONS OPEN

Bellevue Hospital offers to graduate nurses $85.00 per month, with maintenance, for night duty.

Address General Superintendent of Training Schools, Bellevue Hospital, New York City.

POSITIONS OPEN

Wanted—Graduate nurses for general duty in new obstetrical pavilion. Salary, $80.00 (eighty dollars), and complete maintenance.

Address, Principal, Hartford Hospital, Hartford, Connecticut.

WANTED

Two general duty nurses; bed capacity, 100; public; Ohio city location. Salary, $85 for day, $90 for night duty. No. 112 F. Azone's Central Registry for Nurses, 30 N. Michigan, Chicago.

WANTED

Night nurse, general floor, by September 1st; bed capacity 14; Ohio location. Salary, $90, full maintenance. No. 111 F, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

WANTED

Nurses considering coming to New York for fall and winter months will find a very desirable home at 106 W. 61st St., New York City. This home is under new management. For particulars, apply

J. M. CODY, R. N.,
106 W. 61st St., New York, N. Y.

NURSES AND DIETITIANS WANTED

WANTED.—Assistant Dietitian; large Missouri Hospital; $80 per month to start; good chance for advancement. No. 114F, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

WANTED

Graduate Nurse for general duty by October 31st. Nine-hour day; half day weekly; one long day each month. Salary $75.00.

Address applications to:
SUPERINTENDENT,
Stony Wold Sanitorium,
Lake Kushaqua, N. Y.

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$30.00 a month will be paid, together with board, lodging and laundry. Application to be made to Miss G. M. Dwyer, R.N., Supervisor of Nurses, 149 East 67th St., New York City.

THE
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Phone Seymour 5834
Day and Night
Registrar—Miss Archibald
601, 13th AVENUE, WEST
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DIPLOMA OF PUBLIC HEALTH (D.P.H.); CERTIFICATE OF PUBLIC HEALTH NURSE (C.P.H.N.).

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Standard professional post-graduate courses for physicians (D.P.H.); for nurses (C.P.H.N.). Applicants for Victorian Order Nurse positions must show latter course or equivalent. Scholarships available from Victorian Order of Nurses and from the Red Cross.

Apply to the Dean, H. W. HILL, M.D., D.P.H., L.M.C.C., or to the Director, MISS M. E. MCDERMID, R.N.

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Offers a four months' post-graduate course in PSYCHIATRIC NURSING, including opportunities afforded by large Neuro-Psychiatric Clinic. Allowance of $30.00 per month and maintenance.

For information, write Superintendent of Nurses.

Graduate Nurses' Association of British Columbia

An Examination for Registered Nurses' Certificates in British Columbia will be held in accredited Training schools of the Province, on Wednesday, Thursday and Friday, Nov. 7th, 8th and 9th, 1923.

Names of candidates writing must be in the office of the Registrar no later than October 5th, 1923.

Full instructions to candidates may be obtained from the Registrar or at the hospitals where examinations are to be held.

HELEN RANDAL, R. N.,
125 Vancouver Block,
Vancouver, B. C.,
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POST-GRADUATE.

The Children's Memorial Hospital, Chicago

offers a four-months' course in the following Pediatric services: Orthopedic, Medical, Infant and Milk Laboratory.

Applicants shall be graduates of accredited schools. The course may be extended to include an optional service in the Operating Room, Social Service, Contagious or the Out-Patient Department. Full maintenance and $25.00 per month. Certificate granted.

Affiliations may be made by accredited Schools of Nursing for a three-months' course. For further information address Superintendent of Nurses of The Children's Memorial Hospital.

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— FOR —
COMMUNICABLE DISEASES

(330 Beds)

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Post-Graduate Course

A three months' course in modern methods of caring for communicable diseases is offered to graduates of approved schools for nurses.

The course comprises lectures and classroom instruction (55 hours), laboratory technic, clinics, demonstrations, and practical work in wards.

A diploma is given on satisfactory completion of the course.

An allowance of $25.00 a month and full maintenance is given.

Hours on wards—48 hours weekly.

A modern nurses' residence affords comfortable living, and opportunities for a happy social life.

An affiliation course is also open to approved Training Schools.

For further information, apply to Miss Robertson, Superintendent of Nurses.

Graduate Course
— IN —
Psychiatric Nursing

The Society of the New York Hospital offers, at Bloomingdale Hospital, to graduates of registered schools of nursing, a six-months' course in the nursing of nervous and mental disorders.

The course is especially designed for nurses who are preparing for general nursing, executive positions and public health work, and consists of lectures, classroom instruction, and supervised practical work. Included in the course is some instruction and practise in occupational and physical therapy. A Certificate is issued to those who satisfactorily complete the course.

Board, lodging and laundry are furnished by the Hospital, and an allowance of $25.00 per month.

For circular and further information, address

BLOOMINGDALE HOSPITAL,
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Post Graduate Training School for Nurses

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Offers a special course in nursing of eye, ear and throat diseases, and in operating-room training. The course will be both theoretical and practical. Instruction will be given by means of lectures, demonstrations, teaching at the bedside, and in the regular performance of duties.

The residence for nurses provides separate rooms and excellent facilities for the comfort of nurses. A registry is maintained for our graduates at the hospital, and a limited number of graduates who complete the course of instruction may obtain permanent institutional positions. Graduate nurses from recognized schools will be admitted for a term of three months in the Eye Department, three months in the Ear and Throat Department, or the combined course, consisting of six months.

Remuneration, thirty dollars ($30.00) per month, and uniform. Lodging, board and laundry free. Affiliation is offered accredited training schools for three months.

For further information, apply to
SUPERINTENDENT OF NURSES,
210 East 64th Street, New York City.

WOMAN'S HOSPITAL
in the State of New York

West 110th Street, New York City

150 Gynecological Beds 50 Obstetrical Beds

Accredited by the University of the State of New York for courses in Obstetrics.

AFFILIATIONS

offered to accredited Training Schools for 3 months' courses in Obstetrics.

POST-GRADUATE COURSES

Six months in Gynecology, Obstetrics, Operating Room Technic, Clinics, and Ward Management.

Three months in Obstetrics.

Three months in Operating Room Technic and Management.

Theoretical instruction by Attending-Staff and Resident-Instructor.

Post-Graduate Students receive allowance of $15.00 monthly and full maintenance.

Nurse helpers employed on all Wards.

Further particulars furnished on request

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Directress of Nurses.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS:

Chicago Lying-in Hospital and Dispensary

426 East 51st Street, CHICAGO

THE NURSE

I have known the gasp of the dying,
And the first, faint cry of the born;
And wavering souls have brushed me,
As they sought their own in the morn.

I have looked upon sorrow and suffering,
And engaged the battalions of pain;
Trampled them under in triumph,
And forth to the battle again.

Alone, through the long night watches,
I have seen the day-star rise;
But I've glimpsed more of heaven
In fading, triumphant eyes.

I've raised the head of the dying;
And shrouded the face of the dead;
And bathed the warm limbs of the new-born,
To carry the race ahead.

CHARLOTTE WHITTON.

Irresolution frames a thousand horrors, embodying each.

J. MARTYN.

VALUABLE PEOPLE.

The value of a single man or woman of open mind, independent judgment, and moral courage, who requires to be convinced and refuses to be cajoled, is only concerned to be right and not afraid to be singular, deferring to reason but not to rank, true to their own self, and therefore not false to any man—the value of such a man or woman, I say, is priceless; a nation of such would leaven and regenerate the world.—PROFESSOR JAMES WARD.

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Regular Monthly Meeting—Second Thursday.

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Regular Meetings—Second Tuesday in each month, at the Nurses' Residence.

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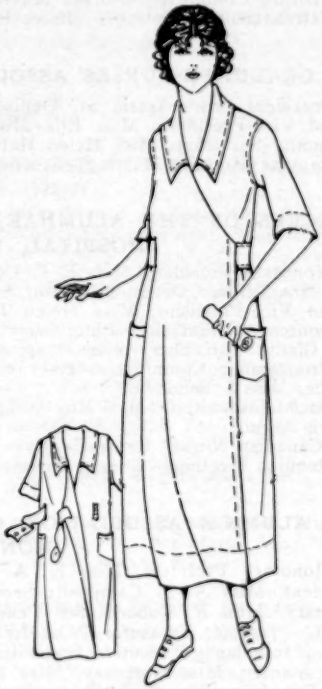

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Regular Monthly Meeting, third Wednesday at 8 p.m.

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Programme Committee—Mrs. Eyre, Misses White, Ashplant, Foster and McLaurin.

Sick-Visiting Committee—Misses Cockburn, Sumner, Rinn and Grey.

Regular monthly meeting—First Tuesday, at 8 p. m.

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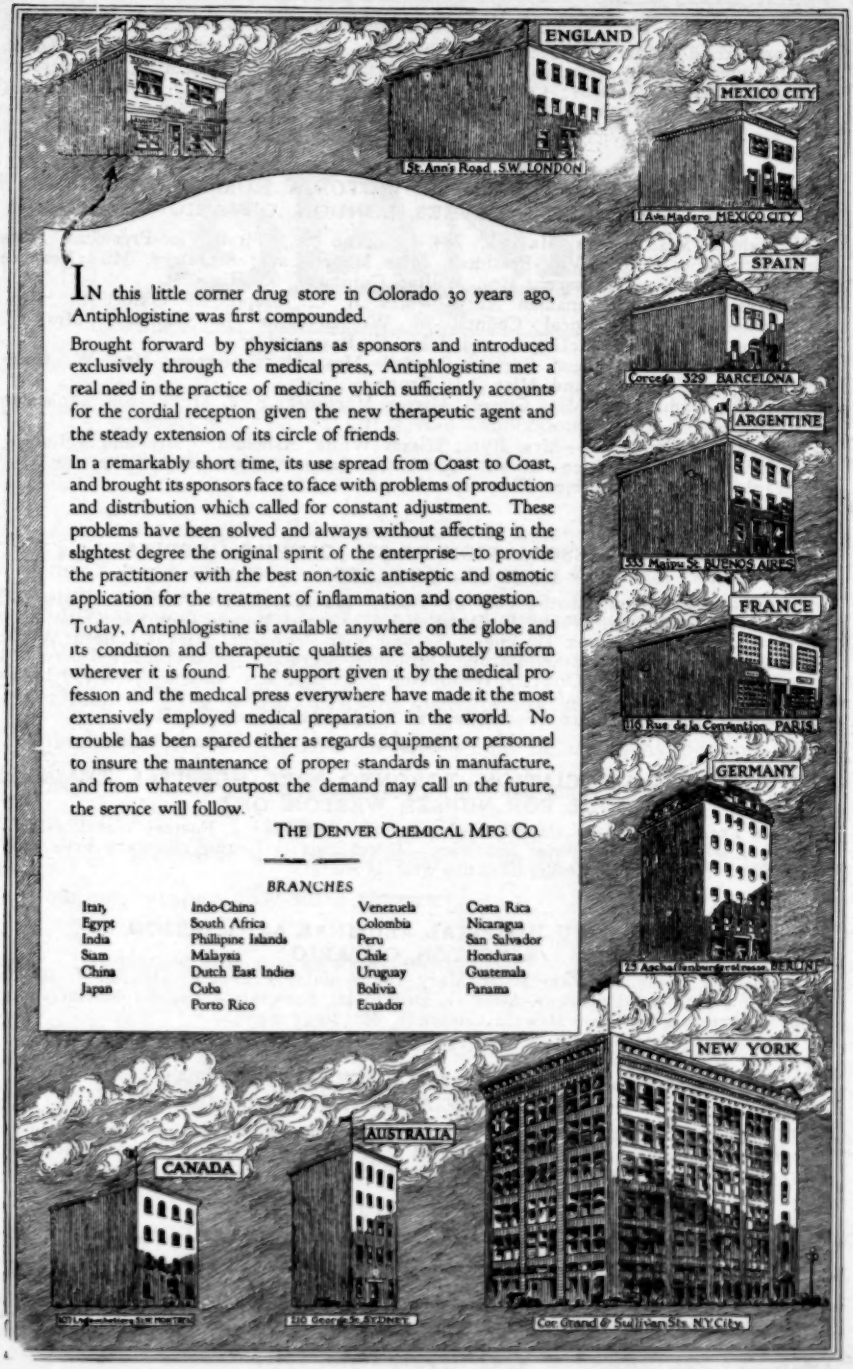

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Board of Directors composed of one member of each class numbering 22.

Regular Meetings—First Friday in each month, 8 p.m.

Regular Meetings, First Friday of each month at 8 p.m.

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The fundamental studies are arranged for through affiliation with General Hospitals.

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Prepared for students of schools with limited or no obstetrical service.

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Sick Committee—Miss Brunning, 168 Walnut Street; Miss Weishar, 55 Catharine Street, South.

Representative to Central Registrar—Miss Murray, 21 Gladstone Avenue.

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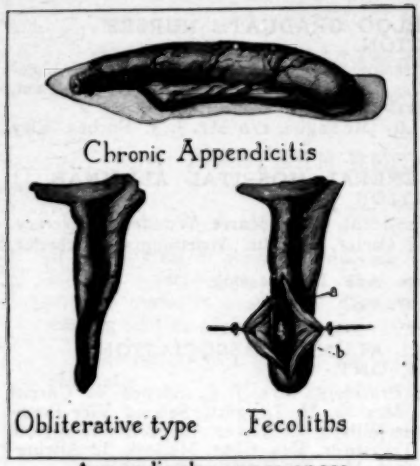
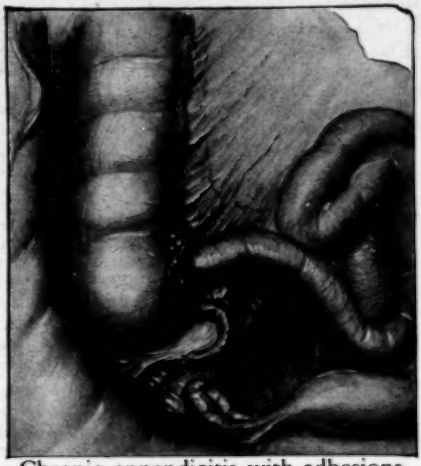
Representatives to the Local Council of Women—Misses Laidlaw and McPherson.



Appendicular appearances



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"Canadian Nurse" Correspondent—Miss R. Burnett, 25 Spadina Ave.

Executive Committee—Miss I. Laidlaw, 212 James Street; Miss O. Watson, 608 King Street, East; Miss Cummings, 652 Main Street, East; Miss French, 501 Sherman Avenue, Mt. Top; Miss Nellie Wright, 222 Mountain Park Avenue.

Representatives to National Council of Women—Miss E. Taylor, Miss Burnett, Miss B. Aitken.

Central Registry Representatives—Mrs. Reynolds, Miss Kerr, Miss Roadhouse, Miss Pegg.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Mrs. Reynolds, Miss R. Burnett, Miss Ainslie, Miss K. Peart.

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Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

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Executive Committee—Misses Vollett, Bennett, Bell, Grant and Coulthard.

Representative to "Canadian Nurse"—Miss H. Hastings.

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Representative to "Canadian Nurse"—Miss Anna Curry, Chatham, Ont.

Sick Committee—Miss R. Waters, Port Huron; Miss Ilhargey, Detroit, Mich.; Miss E. Mann, Chatham, Ont.

Regular Monthly Meetings—First Monday of each month at 3 p.m.

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Representative to the Ontario Private Duty Committee—Miss Mary Devins, 312 Glen Road, Toronto.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss E. Muriel McKee; President, Miss Jessie Cooper, 754 Bathurst St.; Vice-President, Miss Grace Sutton; Secretary-Treasurer, Mrs. Ethel Bell, 71 Indian Rd., Cr.; Recording Secretary, Mrs. Elizabeth Duff.

Representative to Toronto Chapter, Miss Alma Henderson.

Visiting Committee, Miss Malcom and Miss Fawcett.

Councillors—Mrs. Yorke, Mrs. Valentine, Miss Beckett, Miss Cooney, Miss Moore.

"Canadian Nurse" Representative—Miss May Anderson, 754 Bathurst St., Toronto.

Regular Meetings—First Friday of each month in assembly hall of hospital.

THE THUNDER BAY GRADUATE NURSES' ASSOCIATION, FORT WILLIAM AND PORT ARTHUR, ONT.

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Regular Monthly Meeting—Second Monday, at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WELLESLEY HOSPITAL TRAINING SCHOOL FOR NURSES, TORONTO

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THE TORONTO CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

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Representative to "Canadian Nurse'—Miss Eva Archer, Assistant Superintendent Nicholls' Hospital, Peterboro.

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Press and Publication—Miss Gertrude Gastrell, Riverdale Hospital, Toronto.

Convenor of Sick and Visiting Committee—Mrs. Paton, 27 Crang Avenue, Toronto.

Convenor of Programme Committee—Miss Honey, Riverdale Hospital, Toronto.

Representatives to Central Registry—Mrs. Quirk, 60 Cowan Avenue, Toronto, and Miss D. Johnston, 10 Tyndall Avenue, Toronto.

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Representatives to Private Duty Section—Miss Davidson, 322 Brunswick Avenue, Toronto, and Miss Platt, 176 Northcliffe Boulevard, Toronto.

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Press Publication—Miss Ella Knight, 481 Palmerston Avenue.

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Sick Visiting Committee—Miss McKeown, St. George Apartments, Toronto.

Directors—Misses Rowan, Devellin, Bourne, Tod.

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Programme Committee—Misses Darment, Forman, O'Neil, Preston.

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Sick Visiting Committee—Miss J. McArthur, 799 College Street.

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Sick Visitor—Miss Kid, 12th St., Brandon.

Press Representative—Mrs. W. W. Kid, Suite 14 Imperial Apts., Brandon.

THE GRADUATE NURSES' ASSOCIATION OF MOOSE JAW, SASK.

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SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

President, Miss R. M. Simpson, Department of Education, Regina; First Vice-President, Miss E. Eisele, General Hospital, Moose Jaw; Second Vice-President, Sister Mayer, St. Paul's Hospital, Saskatoon; Secretary-Treasurer, Miss Mabel F. Gray, 2331 Victoria Avenue, Regina.

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THE EDMONTON GRADUATE NURSES' ASSOCIATION

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Convenor of Sick and Flower Committee—Miss E. McRae.

Convenor of Social and Programme Committee—Miss B. McGillivray.

Representative to "Canadian Nurse"—Mrs. M. A. Boyce, 9528—106th Street.

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Executive Committee—Mrs. J. Hill, 268 Eighth Street; Mrs. J. Devlin, 57 Fourth Street.

Flower Committee—Miss E. Auger, Medicine Hat General Hospital.

New Membership Committee—Miss A. Phinney, 546-A Sixth Avenue; Miss M. Middleton, Medicine Hat General Hospital.

"Canadian Nurse" Representative—Miss A. Green, 413 Fifth Street; Miss E. Auger, Medicine Hat General Hospital.

Regular Meeting—First Monday in each month.

CALGARY ASSOCIATION OF GRADUATE NURSES

President, Mrs. R. P. Stuart Brown, 1604 25th Ave W., 'Phone W. 1439; 1st Vice-President, Mrs. A. H. Calder; 2nd Vice-President, Miss A. Willison, R.N.; Recording Secretary, Miss Pearl Bishop, R.N.; Treasurer, Miss Marian Parkes; Corresponding Secretary, Miss L. Phillips, R.N., 8 Wallace Apts, 'Phone, M. 2098; Registrar, Miss M. E. Cooper, R.N., 2 Brown Terrace, 1st Street W., 'Phone M. 9427; Convenor for Canadian Nurse' subscriptions, Miss Bella, R.N., 318 21st Ave. W.; Convenor of Sick Committee, Miss M. Parkes; Convenor of Finance Committee, Mrs. A. H. Calder; Books Committee, Miss M. MacLear and Miss Quance; Convenor of Entertainment Committee, Miss Cooper, R.N.; Representatives to Local Council of Women, Mrs. A. H. Calder, Miss M. MacLear, R.N. and Miss Beattie, R.N.

Regular Business Meetings—2nd Thursday of each month at 8 p.m. in the Y.W.C.A. parlors; instructive addresses by various doctors, social entertainments, teas, etc., at intervals.